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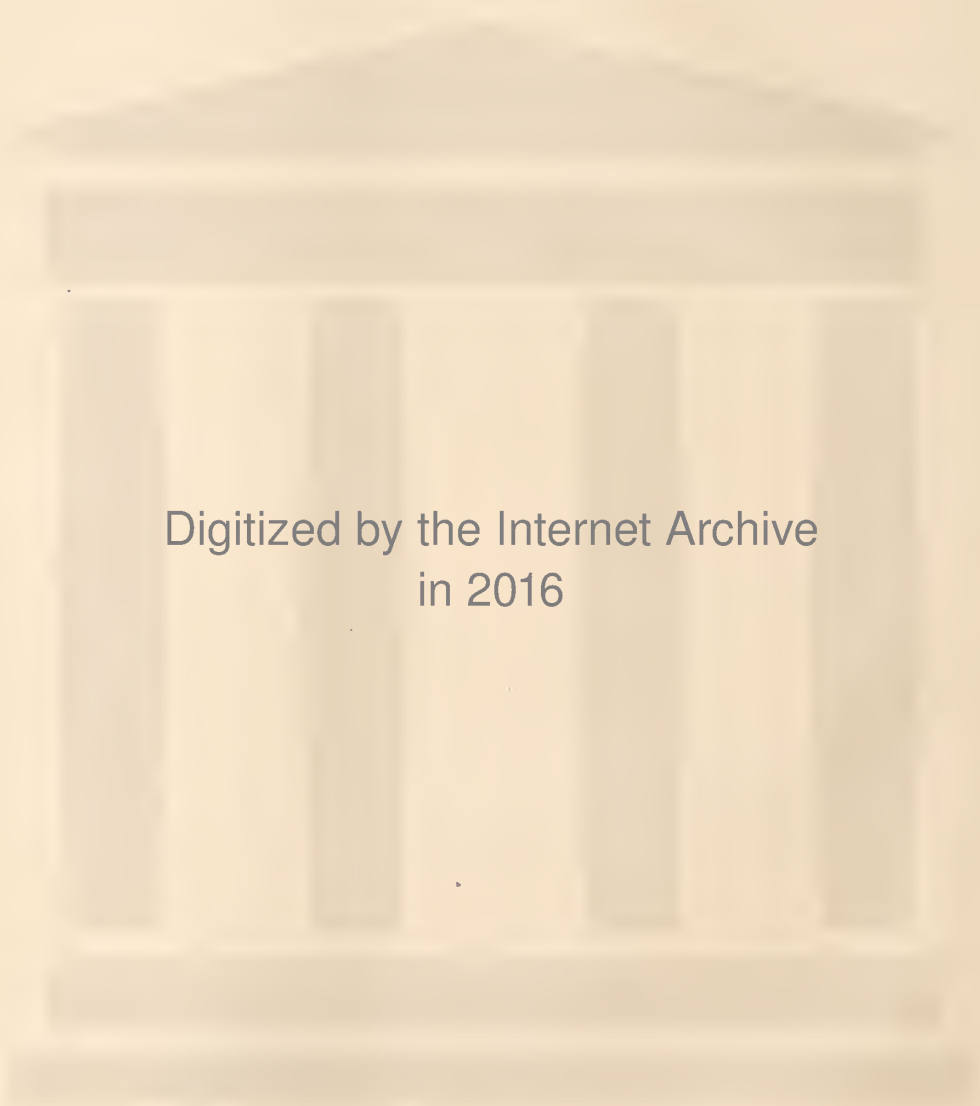
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THE JOURNAL

OF THE

INDIANA STATE MEDICAL ASSOCIATION

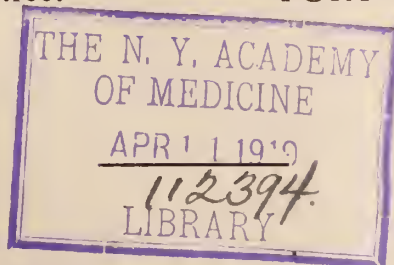
DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY

UNDER THE DIRECTION OF THE COUNCIL

ALBERT E. BULSON, JR., B.S., M.D., F.A.C.S.
Editor and Manager

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406 W. Berry Street - - FORT WAYNE, IND.



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JANUARY TO DECEMBER, INCLUSIVE, 1918

THE JOURNAL

OF THE

Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XI
NUMBER 1

FORT WAYNE, IND., JANUARY 15, 1918

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Next Annual Session, Indianapolis, September 25, 26 and 27, 1918

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3d—Jos. D. Heitger, Bedford.....	December 31, 1919	9th—F. A. Tucker, Noblesville.....	December 31, 1919
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6th—O. J. Gronendyke, Newcastle.....	December 31, 1919	†12th—E. E. Morgan, Fort Wayne.....	December 31, 1916
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*No election held in 1915.

†No election held in 1916.

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VOLUME XI

FORT WAYNE, IND., JANUARY 15, 1918

NUMBER 1

ORIGINAL ARTICLES

OUR ASSOCIATION'S ACTIVITIES

ADDRESS OF PRESIDENT *

JOHN H. OLIVER, M.D.
INDIANAPOLIS

This annual meeting of our society finds the nation in the first throes of what seems to be an almost universal warfare. The rights of the people arrayed against the domination of the few; democracy against autocracy; liberty against tyranny; decency and kindness against the decadent atrocities of an anachronistic form of government; a strife in which it is to be proven whether "government of the people, by the people and for the people shall perish from the earth." When since the great sun made its first diurnal journey about this big round world of ours has there been so much at stake?

This is the third war since the birth of this society in which its members have been called to serve and the burden is much heavier, and the sacrifice greater in this than either of the preceding ones. Already 9.4 per cent. of its members have gone gloriously forth and the call is still for more. The State Board of Defense, through its subcommittee on medicine, has about completed a state-wide survey, covering everything pertaining to the war from a medical standpoint. I have reason to know that this work has been exhaustively performed, and with the patriotic backing of the profession at large, will yield excellent results. The laurels gathered by the medical department of the army are second to none, whether on the firing line, or where contagion has blown its venomous breath. No more patriotic blood has been spilled than that which has flowed from the veins of

the army surgeon. Dr. John Warren baptized the new made flag at Bunker Hill and the list of medical heroes that has followed would fill a Walhalla of its own.

My hope, my prayer and my earest belief is that the doctors of our country and particularly those of our beloved Hoosier state, will rise nobly to the occasion in the present time of stress.

It has been my good fortune to have been the first president to serve with the assistance of an executive secretary and a regularly organized headquarters. The adoption of this plan could hardly have been called an experiment, but even if it had it has proven itself an unqualified success from the beginning. Its adoption was a red letter day in the history of the Indiana State Medical Association. A white stone marking a new order of things, all to the good. It is my belief that the affairs of the association should be more centralized in this office and that its scope be broadened until it has a full grasp upon the executive machinery of the organization.

Our various committees have acquitted themselves well, fully justifying the wisdom of their selection. Notably is this true of our Committee on Legislation and Public Policy. While it was not able to accomplish at the last meeting of the General Assembly such constructive legislation as might have been desired, defensively it was a veritable wall of adamant against which the waves of quackery broke in impotent fury.

At this point it might be proper to remark that it seems about time to break away from the hoary headed law laid down in our statute books requiring that the selection of members for our State Board of Examination and Registration should be made giving representation to the various cults of medicine, now rapidly becoming obsolete, and amending the act so that the members of this board shall be chosen for their pe-

* Presidential address delivered at the Evansville Session of the Indiana State Medical Association, September, 1917.

culiar fitness from the ranks of the medical profession, without discriminating and modifying adjectives attached to their professional titles.

During the coming meeting of the American College of Surgeons to be held next month in the City of Chicago, there will convene a committee appointed by the college for the study and standardization of our hospitals. This I consider most opportune and fortunate, and I hope that all hospitals in our state, both great and small, public and private, will give heed to the rules and regulations to be adopted by that body. Many important problems, it is announced, are to be considered. Among them and by far the most important is a standardized set of requirements to be demanded by all hospitals, of the prospective surgeon before he be allowed to operate in any one of them. A uniform ruling on this point, honestly lived up to, would protect the laity from incompetency, often of the grossest character, would stamp out commercialism, save many lives, and do away largely with bungling and unsatisfactory results. It would elevate the tone of our hospitals and add much to the dignity of the profession.

The hospital intern should also receive some attention. This important individual has, unless I am in error, never been found wanting in self appreciation, even if I hark back to the days when I, myself, was a member of that select body. Then recent graduates were many and hospital appointments few and difficult to obtain. If a man was discharged for cause, or dropped out, there were plenty to take his place; in the very nature of things, discipline was easy to maintain. Now the conditions have been reversed, and graduates are few and hospital positions, many, more in fact, than the senior classes of colleges can supply. As a resultant of this condition of affairs, the intern has become a bit autocratic, a little too much so, considering the temper of the civilized world at the present time. He is dictating, or attempting to dictate his own terms as to service and honorarium, and walking out if his demands are not promptly met, without regard to consequences. I am sorry to say the deserter usually finds but little trouble in securing a position in some neighboring institution, a condition of affairs quite deplorable. Our colleges can easily remedy this evil by withholding diplomas until the candidate has acceptably fulfilled his tour of duty in the accredited institution from which he secured his appointment at graduation. If this or some other expedient is not soon adopted,

many of our hospitals will be compelled to abandon the intern system completely, a condition of affairs that would be most unfortunate indeed.

It is a fact worthy of note and comment that the past few years have brought signs of the awakening of the citizens of the state of Indiana to a saner and more hopeful view of the tuberculosis situation. Such an awakening cannot fail to send the mortality rate from tuberculosis downward. In fact, if we study the tuberculosis statistics for the past six years we are surprised to see that, while in 1910 tuberculosis claimed 4,710 Hoosier citizens, the toll from that disease in 1916 dropped to 3,823.

Undoubtedly, the network of societies organized and existing solely for the purpose of educating the public in regard to this disease is bringing about a general knowledge of the means of prevention and cure of tuberculosis. The Indiana Society for the Prevention of Tuberculosis and its seventy local societies are attacking this disease at the vital point in its foundation, by bringing about increased sanatorium provisions, factory and school medical inspection, an increased number of public health nurses, and open air schools, free tuberculosis clinics, better housing, and most important of all, by carrying on intensive educational campaigns in all parts of the state. A traveling exhibit of the Indiana Society reached more than 10,000 residents in rural districts in Southern Indiana this summer, with literature and lectures on the prevention of tuberculosis. A monster health exhibit at the state fair put on by the state board of health and the state and Marion County tuberculosis societies called to the attention of 25,000 people the fact that health is purchasable. The state board of health is making a special effort this year to enforce the law for the reporting of cases of tuberculosis. The rigid enforcement of this law, and the steps logically following such enforcement form the next strategic move in the routing of this enemy.

It was my pleasure during the year past, acting through the initiative of the state board of health, to launch a state-wide campaign against the growing menace of infantile paralysis. The attempt was fairly satisfactory and a large number of meetings were held which were addressed by men selected by the state board as being well fitted for this work. It was our intention to follow the same plan in making war against cancer, and a committee was appointed at the suggestion of the American Society for

the Prevention of Cancer to carry this out. The unstable and uncertain condition of affairs in the ranks of the profession, however, caused by the war, made it seem best to postpone for a time this very important step. The idea of the association, just mentioned, is to hold in every county one open meeting a year under the auspices of the county medical society. To this meeting the laity is to be invited. These meetings are to be addressed by those especially chosen for the work, the idea being to educate the people as to the necessity of promptly submitting for examination all tumors and abnormal conditions that may be cancerous or precancerous in character, in order that a diagnosis be made and an early removal advised. This is all important, knowing as we do that the early eradication of malignancy promises well, and is our only successful method of combatting this fell destroyer at the present time.

Again, it is worthy of note that at the instigation of the state board of charities, Governor Ralston saw fit to appoint an able committee to inquire into mental conditions in the state, and to take some action in regard to improving the mental hygiene of our population, which seems certainly to need it. This committee has published an exhaustive report which should be carefully considered by all physicians and by all those interested in public affairs. A lengthy consideration of this report is of course impossible in the scope of this address, but I may be pardoned in calling your attention to the fact that in spite of our four large insane hospitals, all filled to repletion, there are still more than 1,000 insane persons in jails, county asylums and private families in need of hospital attention, but excluded because of lack of room.

It is stated that there are 1,300 epileptics needing institutional care, with accommodations for only 350 at the New Castle Village.

The School for Feeble Minded Youth at Fort Wayne has capacity for 1,300 inmates, while there are approximately 6,000 feeble minded persons in urgent need of institutional protection and training scattered over the state. While these feeble minded ones need protection for themselves individually, their families and the communities in which they reside need protection also, as many of these defectives have pronounced criminal tendencies, and are a real danger to those with whom they come in contact.

Our last general assembly gave an attentive ear to the recommendations of this committee,

enacted into laws a number of its suggestions and wisely continued its existence for two years. Speaking for the committee, I would respectfully ask your help and cooperation in its labors.

With the requiem of the first century of our beloved commonwealth still ringing in our ears, a century so replete with the good works of our professional predecessors as to be an incentive and an inspiration, we enter the second cycle of our statehood with many problems to solve and with many obligations and sacred trusts to be carried on to a glorious fulfillment.

I have but one criticism for the medical activities of the past, and but one sentiment or suggestion to guide our future course. In the past we have failed to combine our energies. Our various units have worked well, but individually. There has been no concerted endeavor, no team work, so essential to complete success. We of America should know well the truth of the aphorism that "in union there is strength."

There should be a close affiliation between the Indiana State Medical Society, the State Board of Health, the State Board of Examination and Registration and the Indiana University School of Medicine. There should be created a standing conference committee, composed of a representative or representatives of each of the above named institutions, each now working separately, so that in the future they might work in unison for the common weal.

DISCUSSION

CAPT. F. B. TUCKER, Noblesville: I was requested by the Commandant of our camp at Fort Benjamin Harrison to present to you gentlemen some facts in regard to the medical camp there—just how they are getting along and what their aims are. You have been told of the big meeting there next month, and I can only add that you will miss a treat if you do not come.

This medical camp was opened June 1, with about 450 doctors in attendance at that time. Since June 1 there have been 2,090 doctors enter the camp for training. The total number of doctors there September 24 was 1,259—in training. We have men from California to Maine, but mostly east of the Mississippi River. We have obstetricians, surgeons, internists and all the specialties.

It is the intent of the government to make specialists of you men, to give you an opportunity to work in the field for which you are best fitted.

The approximate class and number of assignments are as follows:

Ambulance Companies	33
Field Hospitals	37
Aviation Section, Signal Corps.....	26
Base Hospitals	16
Provisional Coast Artillery Corps.....	13
Regimental Detachments:	
Infantry	93
Field Artillery	47
Engineers	11
Field Signal Battalion.....	5
General	90
Ordered Home:	
To be discharged.....	30
To report to inactive list.....	23
Overseas Service	29
* Special assignments	278
	<hr/> 731

* Special assignments include: National Guards returned to their organization; officers assigned to laboratory work; officers sent to Rockefeller Institute, New York; officers sent to Gas School, Fort Sill, Okla.; officers whose orders did not specify class of assignment, etc.

The ambulance companies and field hospitals take a large percentage of doctors; then you have the evacuation hospitals, and further back the base hospitals, with your ambulance companies keeping up the line of communication between. So you see the government will need some doctors. They are building 5,000 regiments now and the average is five doctors to a regiment. That means 25,000 doctors.

Colonel Ashburn asked me to urge this matter upon you men. The age limit has been placed at 57 to 58, if a man is in good physical condition. My mission is to urge upon the younger men who have not applied for commission that they should apply. They have made a new rule that all men will be commissioned as first lieutenants or captains, but that no commission will be completed until they have had a period of training in camp. This is fair to all. It puts everybody on an equal basis. Just now they are arranging for the American doctors to take over all the base hospitals in England. They are taking their practice in Belgium and northern France as fast as they can.

Do not forget that the government wants to give you men a chance to work in the specialty for which you are best fitted. It is up to you and your conscience as to whether you should go or not; it is not a question for me to decide. Personally, I am very glad of the opportunity to be there and have the training. I am sure if any man is willing to get into the harness and work he will be well repaid. I thank you.

ANESTHESIA AS A SPECIALTY*

E. M. HOOVER, M.D.
ELKHART

When the capacity of the individual physician is considered in comparison with the unlimited possibilities in the application of medical science, the need of specialism becomes apparent. The multiplication of specialties during recent years finds its explanation in the efforts of practical medicine in keeping pace with a rapidly advancing science. The desire of the physician for more tangible results has caused him to limit the range of his activities. Greater efficiency has been gained thereby and he has found more satisfaction in his work. Specialism rests on a sound basis and is serving its purpose well.

Among the branches of practice that have more recently blossomed forth as specialties is that of anesthesia. It is a goodly plant. With its roots in a soil of increasing fertility, its branches reaching into an atmosphere becoming richer in the element of popular demand, it is destined to come to fruitful maturity. However, it is in need of a more abundant supply of the sunshine of surgery's gracious favor and of the dews of financial remuneration.

The demand for specialists in this branch of medicine emanates from various sources. The public is awakening to the fact of the great importance of anesthesia. More often than we are willing to admit does the dread of the anesthetic deter patients from submitting to necessary operations. The terrors often experienced during the induction of anesthesia and the agonies of a protracted recovery therefrom tend to produce a reluctance in the prospective surgical patient which is often most difficult to overcome. An expert anesthetist will largely obviate this dread.

The surgeon knows full well that the success of his operation, to no inconsiderable extent, depends on the anesthetist. A trained anesthetist will appreciably widen the margin of safety in surgery, and will greatly reduce the discomforts incident to an operation. However, surgery's demand for training in anesthesia is muffled to a whisper by other considerations which will not be mentioned.

The physician who only occasionally is called on to administer an anesthetic is painfully aware of the limitations of his usefulness and experiences but little incentive toward perfecting himself in this very important procedure.

*Read before the Elkhart County Medical Society.

He is looked on as a mere automaton and is accorded but scant consideration. Instead of being consulted concerning the choice of the anesthetic agent, the preliminary medication and other important considerations, he meets the patient for the first time amid the terrifying surroundings of the operating room, often without the formality of an introduction. Himself ill at ease in the presence of a bevy of nurses with whom he has but slight acquaintance, and being goaded on by a surgeon impatient of the time it takes decently to anesthetize the patient, he bluntly blurts some question about false teeth and chewing gum and slaps the mask on her face, the while she is being strapped to the table. The scene that follows need hardly be narrated. The reaction of the fright-crazed patient to the anesthetic cries to high heaven. She is strangling and vomiting and begging to be set free from her terrors, when some one pours gasoline on her abdomen and follows by rubbing in tincture of iodine, "The Lord have mercy," a cloudburst of ether, asphyxia comes to her relief and the operation proceeds. The need for anesthesia past, the anesthetist and patient part, perchance never to meet again; he to go among pleasanter scenes, she to be taken to the ward where after a longer or shorter period of coma, awakens to fight and to vomit the weary hours away.

When anesthesia comes into its own as a specialty, the dread of operation, the discomforts, the terrors and the dangers incident thereto will be reduced to a minimum. None of the specialties are better entitled to the name, since none are fraught with weightier consequences. A view of the scope of the anesthetist's duties will impress the importance of this specialty.

The ability skilfully to administer general anesthesia is not the chief asset of the expert anesthetist. His work neither begins nor ends with this performance. Were this the case, nurses, dentists or veterinarians might possibly be trained to render as efficient service as a graduate in medicine. It is to be remembered, however, that anesthesia is a branch of medicine, and that as a rule none but licensed physicians should be allowed to practice it. I am in full accord with the opinion expressed by Dr. W. H. Long, president of the Interstate Association of Anesthetists, when he said, "The American College of Surgeons could do no finer thing for the advancement of surgery and anesthesia than to discountenance the nongraduate anesthetist as a violation of professional ethics."

The first duty of the anesthetist is that of consultant with the surgeon to determine the preparation of the patient for the operation, and to advise with him concerning the preliminary medication and the anesthetic agent to be employed. He should go away from the consultation thoroughly familiar with the patient's history as well as of her *status praesens*. He personally conducts a thorough examination of her chest, determines her blood pressure and studies urinary findings. A familiarity with the patient's anesthetic history is important.

In this preliminary visit the anesthetist is applying the principles of suggestive therapeutics. His questions and searching examination will gain the patient's confidence and prove to be the source of great comfort and assurance. This confidence will largely prevent fear, and will obviate much of the excitement during the course of the anesthesia. Fear both directly and indirectly influences the production of acidosis. A patient under the spell of fear requires more of the anesthetic agent to produce relaxation.

The anesthetist should have a part in the selection of the patient's diet and in the directions for securing rest and sleep during the twenty-four hours immediately preceding the operation.

The expert anesthetist exercises care in the choice of the place for the induction of the anesthesia. The merits of each individual case will decide the matter. Some patients had better be anesthetized in bed; others in the anesthetic room; while still others should be taken to the operating room and placed on the operating table.

During the induction of the anesthesia the anesthetist should reign supreme. His demeanor should be such as to inspire confidence and composure on the part of the patient and to suggest the behavior of the nurses. He must be cheerful and gracious but exacting withal. It is his to say when the various instruments of restraint are to be applied, the preparation of the field of operation begun and the incision made.

During the course of the anesthesia he keeps a written record of the various events as they transpire. The character and rate of the pulse and respiration are recorded at regular intervals and the reaction of the pupil noted. It is advantageous to be able to determine the blood pressure as that indication arises.

The anesthetist's duties do not end when the patient is taken from the operating room. While his work is seemingly done, the effects

of it are still in the balance. The need for after-care of the patient to a greater or less extent arises from the anesthesia; and while he must be careful not to intrude on the surgeon's domain, he is bound to follow the patient's career during the days of her recovery from the anesthetic. Especially when a patient has reacted badly to the anesthetic is it his duty to go with her to the ward and keep watch until the nurse has a full appreciation of the patient's condition and has been thoroughly informed concerning the patient's reaction to the anesthetic. The well-trained anesthetist is in possession of knowledge of after-care which he is under obligation to offer when the occasion arises and which the appreciative surgeon will gladly receive.

It should be the anesthetist's practice to visit the patient just prior to her departure from the hospital in order to obtain her point of view concerning the success and failure of his work. He will glean much information, especially concerning the induction of anesthesia. The sympathetic interest thus shown will help the patient to forget some of the unpleasant experiences that necessarily accompany anesthesia, and the anesthetist will perchance gain an advantage for his future career.

Another point of view with which he should be familiar is that of the surgeon. Anesthesia is not able to render its best services unless the anesthetist knows the surgeon's technic and is able to anticipate the latter's wants. The surgeon has views of anesthesia which should be elicited and intelligently considered.

In short, the specialist in anesthesia worthy of the name has his senses trained to receive information from every accessible source. Receptivity and versatility are important assets, but the chief one is the capacity for and the inclination to work.

The matter of making records is important. Aside from the events in the course of the anesthesia, these include as a minimum the findings of the various examinations, the anesthetic history, the preliminary medication, the name and amount of the agent employed, together with the more important features of the recovery from anesthesia, and the patient's, the surgeon's and the anesthetist's impression of the success or failure of the anesthesia. By means of such a record very important facts are preserved and made accessible for future reference, and the anesthetist in producing it is provoked to do his best to be able to make a creditable showing.

The foregoing is a mere synopsis of the more superficial duties of the anesthetist. Nothing has been mentioned concerning his scientific equipment, such as the preparedness to meet emergencies, the ability successfully to employ a more or less extensive range of agents, and the acumen to make a proper selection of these for the patient in hand. The purpose of this paper has been to set forth the more seemingly trivial devices of the anesthetist in order to emphasize their importance.

SOME OBSERVATIONS ON THE CAUSES OF POSTOPERATIVE NEPHRITIS *

KARL R. RUDELL, M.D.
INDIANAPOLIS

The subject of the rôle of infection in nephritis is not a new one; on the contrary, the literature accumulated is very voluminous. But a study of any series of routine urine examinations in relation to the individual case as it may be followed through under hospital observation gives rise to many new problems. Since the majority of cases coming under our observation are surgical, we became interested in the relative importance of ether anesthesia and focal infection with regard to postoperative nephritis.

In looking through the literature concerning postoperative nephritis we were astonished not only at the lack of definite knowledge on the subject but at the contradictory statements emanating from authorities of equal standing, few of whom offer any experimental data for their observations. It has long been the prevailing opinion among a large percentage of the medical profession that ether anesthesia has been the prime offender. I have felt for some time from an empirical observation of several thousand surgical anesthetics, that the importance of ether as a causative factor had been greatly exaggerated. In conjunction with Dr. Scott Edwards, a critical study of 500 cases was made with this point in view.

Gwathmey, in his book on anesthesia, gives nothing definite with regard to the effect of ether on the renal tissue. Gröndahl, studying the effect of ether on the kidneys, found in seventy-five ether narcoses, where the urine had been examined before the narcosis, albumin present in twenty-seven cases, always associated with cylinders excepting in three instances.

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The albumin frequently did not appear until the second day and promptly subsided in the majority of cases. The high percentage of albuminuria is referred by Gröndahl to the fact that in general these patients had undergone severe and prolonged operations. Albuminuria appeared at the end of the first day in 20 per cent. of the cases, and at the end of the second day in 16 per cent. The average duration of the albuminuria was from seven to nine days. In case of repeated narcosis the albuminuria appeared after each narcosis but with diminishing severity. Ether, accordingly, in Gröndahl's opinion, does not cause an intoxication nephritis.

Connell, in discussing the excretion of ether, says, "ether is chiefly excreted by physical diffusion into the alveolar air, a small amount is oxidized in the body. Owing to the physical affinity for fat, the fats and lipoids tenaciously hold a trace of ether so that excretion continues on the breath for as long as thirty-six hours. Sollmon (1916) in the discussion of the toxicology of ether gives the opinion that anesthetics on direct application narcotizes all cells of the lower organism as well as the higher; the concentration required for irritation is greater than is reached from systemic administration, and that chloroform and ether are absorbed almost instantly from the lungs and excreted promptly and almost quantitatively by the same channel. A small part is probably excreted by the urine.

Miller and Cabot, in a series of experiments on the effects of anesthesia and operations on the kidney function, found no definite relation of the decrease of phenolsulphonephthalein excretion to postoperative albuminuria.

Honan and Hassler, in a report of 350 cases of intravenous anesthesia in which ether was the agent used, give the urinary findings as follows: "The urinary analysis made before the operation and for three or four days afterward showed no marked differences in the specimens. The total amount was increased and specific gravity lowered during the first twenty-four hours; often the specific gravity and solid content of the urine remained unchanged. In no case, even after employing 7.5 per cent. ether solution, did blood albumin or casts appear in the urine, although German observers have reported occasional cases of transient hemoglobinuria after the use of the stronger ether mixtures.

In his book on local anesthesia, Allen, in comparing the renal changes following operations under spinal, local and general anesthetics, states that 60 per cent. under stovain, 66 per

cent. under local and 70 per cent. under general anesthesia show varying degrees of albuminuria. He quotes Hartleib as finding albumin in 78 per cent. of cases following operations under stovain.

In regard to the influence of focal infections on the kidneys there has been some interesting work done recently. Ophuls, after the study of a thousand necropsies concludes that not only the amyloid kidney but that subacute and chronic glomerulonephritis in the majority of cases is due to chronic sepsis, and calls attention to the probable danger, in that respect, of the existence of chronic local infections, such as so often are present in the accessory sinuses of the nose, throat, gallbladder, appendix, etc.

Dick and Dick of Chicago, in the study of a series of cases of chronic nephritis were able to demonstrate pathogenic bacteria from the urine in every instance. They have further elaborated this by a more recent series of experiments, a report of which appeared in the March number of the *Archives of Internal Medicine*, 1917. Out of the eighteen cases of chronic nephritis studied, in eight they were able conclusively to demonstrate the presence of bacteria in the urine identical to those found at the site of local infection elsewhere.

In the study of our series of cases a complete examination of the urine was made before and after operation. In as many cases as possible catheterized specimens were used. Bacteriologic examinations of the urine were made in a number of cases ranging from those with mere traces of albumin to the cases showing profound kidney involvement, in all of which cases, catheterized specimens only were used.

Fifty-nine and three-tenths per cent. of all cases examined before operation showed some evidence of an existing nephritis. Five and six-tenths per cent. showed albumin alone; 4 per cent. showed albumin and casts; 32.7 per cent. showed albumin and pus cells; and 17 per cent. showed albumin, pus cells and casts. In the postoperative urines 64 per cent. gave evidence of kidney involvement, an increase of 4.7 per cent. The majority of cases showing postoperative kidney disturbance in which the preoperative urines were normal proved to be simple cases of albuminuria, which promptly subsided in a few days. In a certain number of cases which showed evidence of kidney disturbance before operation, the urine returned to normal abruptly following the operation. By far the largest percentage of cases showed no noticeable change in the preoperative and post-

operative findings. In a comparatively small number of cases, the evidences of nephritis were increased to such an extent as to indicate an acute kidney involvement. In this group of cases, without exception, all gave preoperative evidence of nephritis. In all cases of this type we were able to isolate pathogenic bacteria. The following cases are a few representative of the series:

CASE 1.—Preoperative urine findings: Albumin, few pus cells, occasional granular cast. These findings persisted after keeping the patient several weeks in bed. The tonsils were removed under ether anesthesia. The specimen the following day showed an increase in albumin, pus cells, red blood cells and casts. A catheterized specimen was obtained and 2 c.c. of the urine cultured in deep tubes of dextrose ascitic bouillon. These cultures developed a streptococcus which grew in chains of ten to fourteen. This organism was subcultured on blood agar and proved to be strongly hemolytic. A quarter grown rabbit was injected intravenously with the growth from 15 c.c. of the bouillon and died in forty-eight hours. Necropsy showed the following: Heart, large and flabby; kidneys on section showed small hemorrhagic areas throughout the cortex. The bladder was full and contained urine which showed casts, blood, pus and a high percentage of albumin. The organism was cultured from the kidney cortex, urine and blood in the heart.

CASE 2.—Preoperative urine findings: Trace of albumin and few pus cells. Operation, panhysterectomy; pathology, cystic degeneration of ovaries and fibroid of the uterus. Streptococci were cultivated from the ovaries. Postoperative urine showed an increased amount of albumin, numerous pus cells, blood cells and casts. Two c.c. of catheterized urine was planted in deep tubes of a dextrose ascitic bouillon broth. The cultures developed streptococci. A quarter grown rabbit injected with the growth from 15 c.c. of the broth, intravenously, died in twenty-four hours with the following findings at necropsy: Hemorrhagic areas over lungs, liver and spleen; kidney showed two small areas of superficial cortical infection. On section there exuded a sanguinous fluid and the tissue was deeply injected. The organism was recovered from the kidney, liver and spleen. The above are two of six cases in which this procedure was followed out with similar findings.

In six cases of acute suppurative mastoiditis, all showed evidence of nephritis in the preoperative urines. On five of these the urinary findings were greatly increased during the forty-eight hours following the operation, four of them returning to normal in a few days. In one case which was operated under nitrous oxide anesthesia, the positive urinary findings

persisted for four weeks. One other of the cases which showed an increased postoperative disturbance was operated under nitrous oxide anesthesia. It was of interest to note that a number of cases with prohibitive preoperative urinary findings, when placed at absolute rest in bed for a period of time ranging from one to three weeks, in the majority of instances returned to normal and showed no exacerbation of the kidney condition after operation. In one case in which the urine contained granular casts, albumin and pus cells, the patient was kept in bed for two weeks, at which time the urine became normal. The patient was then subjected to a radical breast amputation, ether anesthesia being given for two hours, after which the urine showed absolutely no evidence of a return of the renal involvement. In a few cases in which the urinary findings diminished, but did not entirely disappear after rest in bed, there was apparently no change in the urine following operation. In one case, however, in which the urinary findings were reduced to a mere trace of albumin after a rest in bed of one week, the patient was subjected to an abdominal operation involving the removal of chronically infected tubes. In the following thirty-six hours an acute nephritis developed, progressing into uremia and death. In this connection the recent work of Eisendrath and Schultz along the line of lymphogenous kidney infection proves interesting. They reach the conclusion that the kidneys are prone to infection from the pelvic organs and lower urinary tract directly through the lymphatics. Such an explanation, it seems to me would throw a great deal of light on the dreaded renal insufficiency, so often following operations on the prostate gland.

To my mind there is no doubt but that the kidneys are liable to infection through the blood and lymph streams and that such is often the case following surgical operations on infected tissues. In fact, I believe that an infection is present in the kidneys in practically every case of postoperative nephritis of marked severity or of long standing. Of course in patients whose kidneys are normal there are many cases of albuminuria following prolonged operations, in which there has been considerable trauma to noninfected tissue, but such cases are physiologic and are of no serious consequence.

Given a case, with the kidney already crippled by an existing infection, increase the load on it by having to eliminate an increased amount of waste products incident to operative trauma, at the same time decreasing the fluid output by a diminution in the ingestion of liquids together with an increased loss of fluids through the skin,

lungs and intestinal tract; lessen its eliminative power by a lowering of blood pressure and decrease the power of resistance by a loss of body heat due to prolonged anesthesia and shock; add to this a massive dose of bacteria and their toxins thrown directly into the blood and lymph streams from an infected tonsil, gallbladder, appendix, prostate or a much-handled colon, to be filtered through its tissues, and it is small wonder that an active nephritis should be produced, in which in my opinion the irritation of ether plays a very insignificant rôle.

DISCUSSION

DR. H. R. ALBURGER (Indianapolis): Mr. Chairman, I have listened with great interest to the paper of Dr. Ruddell, and I think it calls attention to something that is of extreme importance, perhaps more from a surgical standpoint than from a medical standpoint, that is, the practice of carelessness with which many surgical operations are begun.

In running over a very large number of urine analyses preliminary to operation, the points that Dr. Ruddell has brought out have been brought home to me, although I had not so carefully analyzed them as he has done. A great many men do not make a very accurate urine analysis preliminary to operation. I feel this is absolutely necessary to determine anything at all about the condition of the kidneys. We all recognize that albumin and casts are not absolute evidence of nephritis. We know casts appear in normal urine, but those are the tests we have and they should be used to determine the advisability of the surgical risk. Every operator and every hospital should demand that the case to be operated on should have had a recent chemical urine analysis. For this reason, assuming that Dr. Ruddell has brought out that ether does not necessarily produce nephritis, we must admit that even though we cannot tell absolutely the condition of the kidney from the ordinary very careful urine analysis, we can at least eliminate the nephritic cases, which should be subject to careful rest for a period of weeks before the operation is attempted.

It has been my observation, furthermore, in taking the routine examinations of urine before operation, in very rare cases do we find that there is nephritis—postoperative nephritis, resulting from the operation if the case has not shown albumin in the urine before the operation. I therefore believe, as Dr. Ruddell has brought out, that all cases should be examined before operation and that the development or exaggeration of the nephritic conditions is perhaps caused quite as much, or more, by the circumstances attending the operation as by the anesthetic itself.

BACKACHE IN WOMEN *

J. A. WORK, JR., M.D.

ELKHART

A very large percentage of the women who come to us for diagnosis and treatment complain of backache or pain in the back. The distress is continuous, recurrent or menstrual. It occurs in young girls before puberty and after puberty, unmarried young women, married young women, nulliparae, multiparae, middle aged women, married and unmarried, and in old women.

All cases are included in the following four varieties: (1) static, (2) traumatic, (3) arthritic and (4) pelvic. Note that pelvic comes last—it belongs last as a sole cause of backache in women. Turn over in your mind the number of gynecologic cases coming complaining of backache and recall how many are entirely and permanently relieved. If the percentage is small, you may be sure that there was some static cause, a defective spinal or postural balance; some traumatic cause, a history of one or more injuries to the lower back; or an arthritis, a *locus resistendiae minoris*, a sacro-iliac, lumbosacral, or sacrococcygeal joint in which a selective invasion either of infective micro-organism or their toxins has taken place. Out of eighty-three consecutive cases complaining of backache in Lovett's practice, twenty-nine were males, fifty-four were females and out of that number of women only six were due to pelvic disease. New conception, indeed.

At the same time the subject remains a gynecologic one. The gynecologist has these cases to diagnose and to treat, but the purely static and traumatic cases should be referred to the orthopedist and roentgenologist. Thus may the members of the various cults who devote their lives to manipulation of spines and pocket-books be effectively shown their true position in the realm of the healing art, namely, oblivion.

Mixed forms do exist—a retroverted uterus, coexisting with a relaxed sacro-iliac joint, is relatively common and the backache is due to both conditions. Neurasthenics also exist, but true neurasthenia as a pathologic entity and without some physical cause is being proven less and less frequent. It is necessary in a difficult or obscure case to exhaust all the methods of diagnosis at our command before we put down the word neurasthenia.

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Static or postural conditions causing backache are anatomic and mechanical. Under this classification are lateral defects in balance and anteroposterior defects in balance. If one leg is longer than the other, the pelvis must become oblique and the spine curved to one side in standing, the muscles on the convex side being under more strain than on the concave. This is the simplest form of backache due to defective balance. The pain and discomfort will be most noticeable in standing and walking and will be marked over the sacro-iliac region.

The simplest type of backache due to defective anteroposterior balance is shown in those cases whose abdomen is so large or pendulous as to cause a serious anterior load. Anteroposterior balance is disturbed by flat foot and similar conditions which induce back strain by affording an abnormal base of support. The commonest type of static backache is due to relaxed and slumped attitude. This is particularly common in adolescent girls who have not been instructed in matters of correct posture and proper and sufficient outdoor exercise. Many of these cases are inherently frail and of slight frame.

In this connection two types of female bodies may be differentiated: (1) light weight, long thin body with flexible spine and slender muscles; and (2) those of heavy build, more rigid spine, thicker vertebrae and heavier muscles.

In rather an exhaustive and detailed address read before the Clinical Society of the University of Michigan, James G. Van Zwaluwenburg described from the roentgenologist's standpoint the anomalies of the fifth lumbar vertebrae in relation to backache. The following facts were demonstrated: (1) that there are as many varieties in form of fifth lumbar vertebrae as there are fifth lumbar vertebrae; (2) these variations are in the size, in position with reference to the level of the iliac crests, its inclination to the vertical axis and in the planes of the posterior articulations and characteristic changes in the form and size of the lateral processes. "Not infrequently these processes are truncated, flattened off, and otherwise shaped to conform to the shape of the adjacent lateral bodies of the sacrum, or the iliacs and occasionally the extremities are definitely faceted on both the contiguous surfaces to form an imperfect articulation. Such articulations are more frequently with the lateral bodies of the sacrum than with the ilium." The posterior arches may show associated changes. "Where the complaints are of comparatively long stand-

ing, we often see inflammatory changes in the nature of calcified exudates. The earliest manifestation is a certain haziness about the posterior articulations, if these can be seen at all. Not infrequently the articulations between the last lumbar and sacrum are obscure from the unusual obliquity of the articular plane; an early change cannot be made out here, but appears one segment higher. In addition we may find a slight density along the course of the great iliolumbar ligament, or along the lumbosacral ligament, or slight erosions of the bones at the point of contact, and, finally, we may find the lipping of the margins of the center characteristic of "hypertrophic arthritis."

These abnormalities in various combinations and in various degrees are commonly spoken of as a "sacralization of the fifth lumbar." The fundamental conception of the term is that of an upward shifting of the pelvic girdle on the spinal axis. Thus the weight of the body comes to fall on the abnormally, obliquely placed last lumbar, and the latter is forced to assume functions that are purely sacral. Van Zwaluwenburg sums up the roentgenologist's view as follows: "Our present position is rather that the anatomic conditions, the anomaly, shown by the radiogram are evidences of a predisposition to traumatic, toxic, and infectious processes, by reason of the imperfect adaptation of the structures involved to their function."

The hypertrophic form of arthritis occurs almost always in the heavy type. Thickening of the sides of the vertebrae in this process may cause pressure on nerve trunks supplying the leg and thus pain simulating true sciatica. At times pressure is severe enough to cause local paralysis.

In a recent number of the *American Journal of Orthopedic Surgery*, Blanchard and Parker of Chicago report a case of impinging transverse process on the posterior wing of the ilium in which case pain in lower back was the distressing symptom persisting in a woman who had had orthopedic treatment for spondylitis, operations performed on the ovaries, uterus and appendix, and when these failed was diagnosed an incurable case of neuritis. In this case they did a resection of the transverse process of the fifth lumbar vertebra with permanent cure.

Before discussing the pelvic form of backache, I will report a case which does not classify under any of the four headings, but which was, nevertheless, a very instructive case. It so happened that the young woman's husband suffered a subluxation of his sacro-iliac joints during her

puerperium. His suffering was so acute that he went to bed and remained three weeks. The case in point was a young neurotic society woman who was in labor on June 21 from 2 a. m. until 3 p. m. before the os was fully dilated, the birth of the child occurring at 6:45 p. m. Vertex presentation, a very hard, prolonged labor, but everything apparently normal after delivery except a very slight median tear which was immediately repaired. On the second day of the puerperium, the patient complained of backache and extreme nervousness. She was fretful, cried repeatedly, and complained mostly while babe was nursing. Examination on the third day showed a slight murmur at the apex of the heart, an increased area of cardiac dullness, a temperature of 100.6 and pulse of 120, lochia rubra with no pathologic odor and a healthy suture. On July 9, eighteen days after delivery I made my last subsequent visit. On July 13, I was called to see her on account of severe pain in the back. She had gotten on her feet on the fourteenth day and had been apparently normal except for backache. The back pain on July 13, over three weeks after delivery, was in the lumbosacral region. I made a complete examination, including vaginal examination, and diagnosed a relaxed sacro-iliac joint due to childbirth and a heavy puerperal uterus as the cause of the pain. Applied tight adhesive across lower back from iliac spine to iliac spine and applied vaginal tamponage to hold supposedly prolapsed uterus in place. Instructed patient to assume knee-chest position two or three times a day and had her lie on her abdomen. She got no better. About the third day after this treatment was instituted, I happened to call while babe was nursing. I found the patient crying. Every muscle in her body was tensely contracted; her back was bowed. The nurse informed me that the same condition existed every time the babe nursed. Nipples were tender but not fissured. I made a diagnosis of painful back from reflex spasm of uterine, cervical, lumbar and sacral muscles, weaned the babe and the entire condition immediately disappeared.

Backache above lower lumbar and sacral region is never pelvic in origin. Backache from a pelvic cause, especially from a malposition of the uterus, is always sacral or very low lumbar and is always central. Pains between shoulder blades, in trapezius muscles, back of neck and headache have only a secondary relationship to pelvic disease. Sacral backache may result

from pelvic inflammatory disease, especially as a result of peritoneal adhesions to posterior pelvic wall. Cancer of the cervix in the late stages causes excruciating backache, but it is usually one sided and extends down into gluteal and sciatic region. This pain comes on only after extension of the disease into parametrium and regional lymph glands.

A special type of pain, associated with general fatigue, extends backward into the lumbar region and forward into the lower abdomen. Patients exhibiting this type show deficient muscle power, and have gained weight rapidly. The symptom is due to the dragging weight of a heavy abdominal wall on the muscles of the lateral abdomen and back. The condition is relieved by a properly fitting corset or abdominal support.

Coccygodynia or painful coccyx is often severe and may be disabling. Cause can usually be traced back to some trauma of the tip of spine, especially, fracture or dislocation from a fall or unskilful instrumentation at childbirth. The tip may by such injuries be displaced backward into such a position that it is continually exposed to slight traumatism, especially when patient is sitting. Such a case came to us recently. We resected the coccyx and the patient's symptoms have been entirely relieved.

Backache occurring before and during the menstrual flow is due to the passing of menstrual fluid and clots through a rigid internal os. Dysmenorrhea occurs in women showing on examination the long infantile type of cervix. Physiologic congestion of the body of the uterus, elevation by the small endometrial hemorrhages of the desquamating layers of endometrium and the forcing through the rigid, acutely angulated internal os of this mass of menstrual substance is the cause of backache and other phenomena of dysmenorrhea. This may be easily demonstrated during treatment of this condition by fractional dilatation of the cervix without general anesthesia. Invariably the patient volunteers the information that it is the identical pain in the back that she suffers before and during her catamenia. The backache of retroflexion, either continuous or only menstrual, is a referred pain, actually localized at the junction of the body and neck of the uterus.

Ovaries are never painful except when complicated by an ovarian cyst with twisted pedicle or when they are involved in peritoneal adhesions.

In an analysis of a series of 500 cases of retroversion from all causes, Graves found sacral backache a definite symptom in 76 per cent. Often backache due to this cause is worse on exertion or on standing; sometimes worse at night. A sense of pelvic pressure accompanying backache is usually due to some degree of prolapse or descensus uteri.

Patients with antelexion often complain of backache associated with pain in the sides of the pelvis, which is due to stasis of veins in the broad ligament. Constipation, a full colon, that is, stasis in the large bowel and rectum, causes sacral backache. Constipation is such a common finding in this class of cases that it easily might escape mention. It must be corrected at the same time that other treatment is being carried out.

R. R. Smith of Grand Rapids in a paper, "Genital Reflexes and Their Rôle in Production of Symptoms Arising in the Pelvis," quotes Walthard of Frankfort. Pelvic reflexes belong to two groups. One centers in the spine and sympathetic system, *subcortical*, and the other centers in the cerebrum, *psychic*. The following facts are thus explained: Stimulation of perimetrium and endometrium leads to contraction and retraction of uterine musculature and at the same time relaxation of antagonistic body musculature. These two are habitually antagonistic, they perform in labor, in expelling menstrual clots or other foreign material. Stimulation of the mucous lining of cervix and body of uterus, if continued long enough, brings about hypersecretion of their mucous glands. Stimulation of the upper two thirds of vaginal walls causes contraction of the musculature of vagina. Stimulation of the skin of the outer genitals and introitus, if continued long enough, causes contractions of unstriped musculature at entrance of vagina and the tunica propria of Bartholinian glands with secretion from same. This stimulation also causes erection of the corpus cavernosum.

Subcortical sympathetic reflexes have receptors outside of generative organs in the gastrointestinal and urinary tracts. Stimulants causing powerful contractions of the gastrointestinal canal or bladder also cause intense contractions of uterus. Dilatation of either gastrointestinal canal or bladder hinders movements of uterus. Nursing child at breast may cause uterine contractions.

The treatment of static, traumatic, arthritic and the mixed forms of backache in women

belongs to the orthopedist as well as the gynecologist. The treatment of the pelvic form consists in removal of diseased tissues, correction of malposition and cure of inflammation.

DISCUSSION

DR. H. O. PANTZER, Indianapolis: The paper is one of great importance, inasmuch as it emphasizes the morbid pathology of backache in women. It goes over a big field in a large way and elaborates the individual points. We have all the more reason to be circumspect in the presence of a backache in women in seeking the cause.

One cause that has impressed itself on me in my practice is that connected with an inflammatory disease of the cervix. To the casual observer it will appear that nothing is wrong; the uterus is not prolapsed, but invariably you can feel the tenderness, and they are cases which require a good deal of therapy consistently applied. It was very interesting to have it stated that the pelvic causes of backache, meaning thereby more than the genitalia and the rectum, are in the minority. If that holds, we certainly have much more reason for ferreting out the pathology in these cases.

The static and postural cases come to our notice much more infrequently now than they did years ago. The modern corset is an excellent abdominal support. The tight lacing below is a helpful adjunct to the proper treatment of these cases.

Very interesting to me were the remarks quoted by the essayist pertaining to the deviations in the last lumbar vertebra. I have no experience to cite, but have been impressed by the findings there quoted. In many of these cases I think rectal examination is too much slighted; indeed, we should not think of a digital examination of the vagina as being sufficient, and commonly it is not enough to examine with the finger of one hand in the vagina and to use the index finger of the other hand in the rectum.

DR. GEORGE MCCOY, Columbus: There is one cause of backache, and that is caused from an automobile wrench, and as women do run automobiles it might be well to take that into consideration. I did not see the original paper, but as it covered the ground so thoroughly I have very little to say. My patients have been largely among shop girls and teachers: some years ago those who used roller skates, but especially shop girls and teachers. The low down backache has been the most prominent in my experience, especially prominent with the patient lying on the back which would produce a pain low down in the spinal column. In many

of these cases, if they have not been of long standing, we tell them to use the knee-chest position, and in some cases it gives considerable relief. As to the effect of constipation and the necessity of a careful examination, I was very glad to hear Dr. Pantzer speak of the examination through the rectum. It is always my custom to make examination in that way. Last week I was called to see a teacher who was suffering severely with backache in the region of the coccyx and I thought there might be some damage, but she gave no such history, so I made an examination through the rectum. For this purpose I place patients in the knee-chest position and take my position immediately behind them so that I can use either index finger. In many of these cases the instant relief produced by placing the uterus in its proper position is so marked that I have never had any reason to deviate from it.

As to the other forms mentioned in the paper, I have had very little experience. Patients have been taught for years that backache high up means kidney trouble, and many a urine examination has been made because of backache. I have had some cases as a result of cystitis, and when we cure the specific irritation we have very little backache. I have not had time to study the subject very thoroughly and there are gentlemen here more qualified to discuss it.

DR. CHARLES STOLTZ, South Bend: There is another important kind of backache, one that is due to anal fissure and which comes on late after defecation. Examination of the rectum in those cases often reveals an anal fissure, and should never be overlooked.

DR. H. O. PANTZER, Indianapolis: I wish to add to my former remarks the injury produced while riding in a car and being hit by another car. I had one case in which the patient had a hemorrhage and about the tenth or twelfth day had pain in the back and also in the side of the body. It was one of those cases in which tonsillar infection was present and I had every reason to believe that the infection descended from the tonsils.

It is interesting to know that at last we have found a reason why women have so much genital disease as compared with the other sex. A woman takes a cold and is sick, but a man takes just such colds and is not sick afterward. How account for it? Books are yet silent on the matter, but the ovary at the time of flow, and the endometrium at the time of flow are traumatized organs, and it is because of the frequent trauma in the uterus and in the ovary that we have women so frequently suffering following a cold.

DR. MURRAY N. HADLEY, Indianapolis: I think we would miss one of the points in the paper if we did not remember that the author is attempting to put before us a certain explanation for backaches that can be handled by the orthopedists. As a matter of fact, the backache has been one of the grounds on which he calls the practitioner's attention in this paper by pointing out the fact that the orthopedist has a function by making a closer study of such cases and demonstrating rational treatment. I think the author wishes to lay emphasis on that very thing when he mentions the static and postural backaches, and the success with which they have been treated by the orthopedist and the chiropractics.

SOME OBSERVATIONS ON THE SURGERY OF THE THY- ROID GLAND*

W. D. GATCH, M.D.
INDIANAPOLIS

This paper is a series of observations on several somewhat isolated phases of the surgery and pathology of the thyroid gland. These have been derived from a study of personal cases in the light of some recent literature.

ADENOMAS OF THE THYROID

Single or multiple tumors of the thyroid are commonly grouped under this classification. These adenomas are classified as cystic, colloid or fetal, according to their structure. It should be noted that in reality very few of them are of a pure type. Every possible combination of colloid, cystic and fetal characteristics being found.

Thyroid adenomas, apart from causing pressure symptoms and deformity, may be a source of danger to their host in either of two possible ways. First the tumor may be the cause of a hyperthyroidism of any degree of intensity, and second it may be the origin of a cancer.

Hyperthyroidism associated with an adenoma is of frequent occurrence. In the past it has been rather puzzling to account for the intoxication, because on gross and histologic examination these tumors do not always present the changes which we have learned to associate with overactivity of thyroid tissue. An ordinary specimen of toxic thyroid presents quite definite gross and microscopic characteristics. On gross

* Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

section it has the appearance of heart muscle. On microscopic section it shows a marked decrease or absence of colloid, a crenated form of the vesicle, and an increase in size and height of the epithelial cells. Emil Goetsch has recently shown that these changes are not the only morphologic criteria of hyperthyroid activity. He stained sections of thyroid adenomata, which had produced toxic symptoms, by means of a special technic which shows the bodies called mitochondria in the cell protoplasm. We quote him in regard to the significance of these particles: "I may say briefly that the mitochondria are structures occurring in the cytoplasm of all cells. They occur in the form of granules, rods or filaments. . . . It would seem probable that in glandular cells that are the seat of increased secretory activity we should find in the cytoplasm an increased number of mitochondria above the normal." He then goes on to demonstrate that in hyperactive thyroid tissue the cell protoplasm is packed with mitochondria and conversely, that this finding occurs only in patients who have shown thyrotoxic symptoms. The "constitutional disturbances which come with chronic goiter," recently discussed by Dowd, have here an explanation.

I have personally observed the most severe thyrotoxic symptoms produced by one of these tumors and have seen a complete cure follow its removal. In most cases, however, the symptoms produced by the adenoma are of a mild character, but on account of the prolonged course of the disease the clinical picture presented is often one of sad physical wreckage, with serious cardiac weakness and irritability. In this late stage the results of operation are not brilliant.

There is very good authority for regarding the fetal adenoma as a precancerous lesion. Crile states that in his cases of cancer of the thyroid the malignant growth has usually originated in a fetal adenoma. I have had one case, reported below, in which such an origin seems highly probable.

In view of the foregoing facts it is evident that we should not regard a thyroid adenoma as a harmless tumor, but should in most cases advise its early removal. The practice of treating these tumors by the administrations of iodine preparations or thyroid extract is exceedingly dangerous. I have notes on five cases in which this treatment had been used. Two of these died very shortly after entering the hospital, being then in the very terminal stages of hyperthyroidism. The other three recovered.

CANCER OF THE THYROID

I have observed five cases of cancer of the thyroid, four of which were inoperable. In one I operated. The history of this case is briefly as follows: The patient was a woman aged 54. She had noticed a small lump in the median line of the neck two years and seven months before consulting me. Seven months after the appearance of the tumor, it had been excised. A microscopic examination had been made and a diagnosis of probable cancer arrived at. Four months before I saw her there had been a rapid growth of two nodules on the right side of her neck. Her voice had been slightly husky for one month. On examination I found to the right of the median line, and just above the scar of an ordinary horseshoe incision, two masses each about 3 cm. in diameter, not adherent to the skin, but somewhat attached to the trachea and other underlying structures. I removed these tumors with as wide a margin of healthy tissue as was possible. The patient made an uneventful recovery. On pathologic examination, the tumors were found to be encapsulated and presented a uniform pinkish surface on section. On microscopic examination they presented the appearance of a rather cellular fetal adenoma; in fact they could not be definitely differentiated from fetal adenoma. Roentgen-ray treatment was advised. A recent report from this patient shows that the tumor recurred four to five months after my operation and that a year after the same there is wide-spread cancer in the neck.

In discussing this case with Crile, he stated that his own pathologist had found it difficult to distinguish between adenoma and cancer of the thyroid, and that in many of his cases the diagnosis could only be made by the subsequent history of the case. My other cases of cancer of the thyroid were aged respectively, 60, 66, 65 and 36 years. All were of extremely sudden origin and very rapid growth. They presented a definite clinical picture, namely, the sudden appearance and extremely rapid growth of a tumor in the region of the thyroid gland with an early onset of hoarseness, dysphagia and dyspnea. On physical examination there was a brawny board like induration over practically the entire thyroid. In one of these cases, a woman aged 36, the condition was associated with uncontrollable vomiting, evidently of cerebral origin.

CLINICAL MEANS OF ESTIMATING THE
DEGREE OF HYPERTHYROIDISM

As Marine states, the thyroid hormone is the most potent activator of metabolism which is known. The one distinguishing feature of hyperthyroidism is the increase in metabolism and the increase in general irritability. In some of our border line cases it would be valuable to have a method for measuring quantitatively the increase in metabolism. Such a test would also be of value in deciding when to operate and in estimating the effects of therapy. The work of Means and Aub is a most praiseworthy effort in this direction. Professor Turner has kindly endeavored to apply their methods to the study of some of my cases. But we have found the determination so laborious and so subject to variation and error that as yet we have been unable to make any practical use of it. We hope, however, with more experience to find it of value. Another test of this kind, namely, the adrenalin skin reaction of Goetsch, we have found to be of very considerable service. Dr. R. A. Solomon, at present interne at the Robert W. Long Hospital, has carried out this test on a large number of patients. I am indebted to him for the following account of the technic and the clinical value of the test: "The test is performed as follows: Eight minims of a 1:1,000 solution of adrenalin are diluted with an equal quantity of sterile water and injected hypodermically into the arm. Immediately there is formed an area of blanching around the point of injection, and about the margin of this usually a red areola gradually shading off into the surrounding tissue. In about one-half hour the center of the white area becomes bluish gray to lavender in color, and at the end of about one and a half to two hours the red areola surrounding the white area takes on the bluish or lavender color, while that in the center disappears. This lavender areola remains for about four hours from the time of the injection and is the most characteristic part of the test. Accompanying the local reaction there may occur an increase in pulse rate with palpitation of the heart and an exaggeration of the tremor and nervous symptoms in general.

"A series of known cases of hyperthyroidism with controls of apparently normal individuals were injected with the solution and the reactions noticed at intervals of fifteen minutes. The following observations were made: 1. The local reaction varies even in apparently normal

individuals, but its extent and duration seem to be in direct proportion to the amount of thyroid secretion. 2. Among apparently normal controls a greater reaction is usually present in the female sex. 3. Age plays no part in the character of the reaction. 4. The blanching of the skin surrounded by the red areola is a part of the physiologic action of adrenalin on the blood vessels and is not a part of the reaction. 5. The coloration within the blanched area varies in normal individuals from nothing to a bluish gray or lavender spot of varying size and duration. 6. The test is not positive until the typical colored areola surrounding the blanched area has formed and remained on the arm for three to four hours. This occurred in all known cases of hyperthyroidism tested; and in none of the controls did any but a transient areola form. 7. In several cases of hyperthyroidism with a strongly positive adrenalin reaction in which thyroidectomy was later performed, a negative reaction was obtained two weeks after operation."

I believe that in this adrenalin skin reaction we have a clinical test of very considerable value, which is easy to apply and comparatively easy to interpret. However, it can hardly be relied on in determining the proper time to operate on a patient with severe thyrotoxic symptoms. In settling this point I have found it in most cases safe to do an extirpation of the gland when the pulse rate could not be reduced below 100 by prolonged rest and the application of an ice bag to the heart. Although in most instances these means will suffice to decrease the heart rate markedly for short periods of time they do not suffice to keep it down when the patient is subjected to the least excitement or exertion. That it is generally safe to operate when the pulse is faster than 100, provided there is no organic weakness of the heart, I am convinced by my results in a series of seventeen thyroidectomies for toxic goiter without a death. My only fatality following operation on one of these cases occurred not after an excision of the gland but after ligation of the superior pole under local anesthesia. This patient was apparently not excited or inconvenienced by the operation, but developed violent mania twenty-four hours later. This was a case of long standing and grave intoxication.

In determining whether it is safe to operate I have found an estimation of the functional capacity of the heart to be of the greatest value.

Dr. George Bond has made this determination on most of my cases and I feel indebted to him for the avoidance of some disastrous results. In doubtful cases he has made an electrocardiographic examination. It is important to remember that the heart in hyperthyroidism is not organically diseased but only overstimulated. Of course if the overstimulation is too intense or too prolonged it will produce a myocardial insufficiency. It is extremely important to know when such insufficiency exists, for then it is a debatable question whether any operation at all should be undertaken. I have taken the following precautions in the conduct of these cases. 1. More or less prolonged rest in bed before operation. During this period of rest a careful general examination of the patient is made, together with a special examination of the cardiovascular apparatus. 2. The employment of an expert anesthetist who has had a large experience with these patients. Local anesthesia as contrasted with a properly given ether anesthesia has no advantage and many disadvantages. Usually the patient's pulse rate during the induction period of the anesthesia will be rapid. Ordinarily, however, it will sink to 120 or less when anesthesia is established. If not, the operation should be deferred to another day. Usually the heart rate can be kept down by preliminary medication with morphin carried out for several hours preceding the operation. 3. Deliberate and systematic operation with free exposure of the gland and scrupulous attention to hemostasis. Clamps should not be allowed to accumulate in the wound. In case of any accident they prevent the prompt arrest of hemorrhage. All important vessels should be transfixed with needles carrying the ligature, which should be tied both ways around the vessel. This precaution furnishes an almost absolute safeguard against postoperative hemorrhage. 4. The teaching of Porter, Bartlett and others that it is best to take away a very large part of the gland, in other words to do a subtotal thyroidectomy should be followed.

In the excision of a thyroid lobe I have derived the greatest comfort from the following procedure: After thoroughly exposing the lobe, tying its superior vessels and mobilizing it, the isthmus is cut across and the lobe carefully freed from the trachea. At this point the fingers of the left hand are pushed behind the lobe so as to enable it to be firmly grasped between the thumb in front and the fingers behind. By this means hemorrhage from the inferior

thyroid artery can be completely controlled, while the lobe is cut away so as to leave only a thin layer of thyroid tissue posteriorly to protect the recurrent nerves and parathyroid bodies. The branches of the inferior thyroid artery can be quite readily clamped as they are cut within this layer of thyroid tissue. This renders it practically certain that the recurrent nerves and parathyroid bodies will not be injured. The remaining lobe of the gland can be readily dealt with in the same manner, care being taken to leave about one sixth of the total thyroid tissue.

Crile has made the suggestion that in very toxic cases the wound should be left wide open. While I have never followed this plan I always provide very free drainage and at the conclusion of the operation irrigate the wound thoroughly with normal salt solution.

POSTOPERATIVE TREATMENT

This should be much the same as the preoperative treatment. These patients should be given a sufficient amount of water by proctoclysis or by intravenous injections of normal salt solution. Thyrotoxic symptoms of an alarming character should be met by the application of an icebag to the heart and the administration of enough morphin to secure absolute comfort. Three of my seventeen cases had a severe postoperative reaction, but all three recovered with no further treatment than that just described. The most toxic of the three had a pulse rate of 72 eight days after a subtotal thyroidectomy. Before operation we had never been able to reduce it below 120.

CONTRAINDICATIONS TO OPERATION IN HYPERTHYROIDISM

I have refused to operate when the following complications were present. 1. Advanced pulmonary tuberculosis. 2. Edema of the feet and ascites or other evidences of hopeless cardiac weakness. 3. Mania. Osler states that mania is always a sign of impending death in these cases. In four cases in which I have observed this complication the truth of this statement was borne out. Death in such instances took place within forty-eight hours of the onset of the mania. It is unwise to carry out any surgical procedure whatsoever on cases with these complications. The inevitable fatal termination simply brings surgery into disrepute and prevents patients whom it is still possible to relieve from seeking assistance.

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DISCUSSION

DR. GOETHE LINK, Indianapolis: I cannot refrain from remarking that I enjoyed the paper, because it was full of information that we need to have disseminated.

I wish to emphasize a few things that Dr. Gatch brought out. The first thing is the use of iodine. I will say that quite a large percentage of cases that have been brought to me for hyperthyroidism have recently undergone a course of treatment for goiter which consists of iodine internally, externally and eternally. In some parts of the country we have men who give goiter cures and have quite a reputation. From one of these I got three patients. One died within three days after entering the hospital, without any surgical attack at all.

I wish to call attention to the fact that the size of the goiter is no index to the patient's condition. Some patients come with a list of measurements, and the smaller the goiter gets the worse the patient gets, because that indicates an absorption of the toxins, and not a betterment of the diseased condition.

I wish to insist on a freer use of ligation before thyroidectomy. That not only improves the patient's condition, but is one of the best tests to prove whether the patient can stand a thyroidectomy. After performing this slight operation under local anesthesia, if they go through it poorly that calls for another ligation before attempting thyroidectomy. If they have only a slight reaction, then I know I can probably do a successful thyroidectomy. Most of the thyroidectomies I have done in the last few years have been done in the bilateral manner, as Dr. Gatch has described. I think we are apt to leave too much of the gland rather than too little. If we don't leave enough nature can replace the tissue.

I have met with mania once in sixty thyroidectomies. This patient developed mania within a few hours after thyroidectomy and

was sent to a hospital for the insane, and I am told recovered both mentally and physically.

DR. W. D. GATCH, Indianapolis (closing): I think when mania occurs after thyroidectomy we can probably attribute it to an acute toxemia following the operation, and it is not as serious as when it precedes the operation. In the cases I reported it had come on without any attack on the gland except in one case.

PERHAPS no class of people are more charitable than doctors, for as a usual thing they render services without determining in advance whether or not they are to receive remuneration. In fact, many persons in indigent circumstances have reason to be very grateful to doctors who have donated services when sickness or injury required professional care, yet it is a well-known fact that these very people who have most cause to be thankful and grateful for the gratuitous services of physicians are generally the ones that are least appreciative and not infrequently are the ones that give the medical profession trouble through unfounded complaints and even suits for malpractice. But this lack of appreciation for helpful services rendered is not confined to those who have been attended by physicians—it applies to services of every kind, and it is a common saying that those who should be under most obligation are the ones who feel obligation the least. Even doctors are no exception to the rule, and as an example we happen to know of an old doctor who started a young man on a medical career by paying the expenses of a medical education; afterward starting the young doctor in as a practitioner of medicine, and finally taking him in as a partner, only later to be the victim of a suit for the possession of a practice that the young man claims to have purchased through his service. Many a doctor has reason to be very grateful for the courtesy shown him by older men in the profession, and we believe that on the whole due appreciation is exemplified, but now and then a jarring note reminds us that some of the younger men possess human frailties beyond understanding. Perhaps some of the older men are led to believe that "bread cast upon the waters" fails to "return in many days," and yet the satisfaction one has in always doing the right thing, and in befriending those who need befriending, is reward enough; for after all it is one's inner consciousness which affords the greatest reward for all service.

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EDITORIALS

COMPLICATIONS FOLLOWING TONSIL OPERATIONS

Tonsil operations are becoming very common, and sometimes we question if they are not too common for the good of the suffering public to say nothing of the profession which likewise suffers when a meritorious medical or surgical measure comes into an unjustified disrepute because of its abuse. That there is a lot of indiscriminate tonsil operating, and a lot of bad surgery of the tonsils performed is not to be doubted when taking into consideration that almost every doctor, whether he has had any operative experience or not, feels that he is qualified to remove tonsils because he sees so many of his confrères, no better qualified than he, doing it. While bad results sometimes occur at the hands of the experts, or those who have been trained and have had considerable experience in throat surgery, how infinitely more likely it is that bad results will occur at the hands of those who have not been specially trained for the work.

Laying aside all discussion of the indications for tonsil surgery—and we admit the necessity for a large amount of it to relieve a vast army of people who are suffering from various disturbances which can be attributed to tonsil infection—we just now are interested in the question of post-operative complications and the necessity of calling attention to the fact that the tonsil operation, even in skilled hands, is not a minor operation and not one that can be tackled without recognition of the possibilities of bad results. Too many men, and especially general practitioners, are attempting to remove tonsils without due regard for the thoroughness and technic which should be employed, and without regard for some of the complications which may ensue through lack of proper after-care.

Aside from the mutilation of the pillars and

musculature of the throat, and the incompleteness of the operation in the hands of the inexperienced, there is the ever-present danger of post-operative hemorrhage which may be alarming or even fatal in character. Nearly every operator of experience meets with a certain amount of post-operative hemorrhage following tonsil surgery, and the increasing number of reports of alarming and even fatal hemorrhage following tonsillectomies justifies us in sounding a note of warning concerning the gravity of an operation which is fraught with such danger. If out of one thousand cases of tonsil and adenoid operations at the Johns Hopkins Hospital there were eighty-four cases of serious post-operative hemorrhage—and presumably the operations were done by competent men and on children in whom the tendency to hemorrhage is less than in adults—how much greater the percentage of hemorrhage cases would be when the operation is done by less experienced men, and how much greater it would be if all of the patients were adults.

In the same group of cases mentioned there were, as post-operative complications, two cases of post-operative pneumonia, four cases of acute otitis media, one case of acute laryngitis, two cases of acute bronchitis, two of suppurative cervical adenitis, three of post-operative elevation of temperature which gradually subsided in ten days, three of tetanus, one case of erysipelas, and one of maxillary sinus infection. Surely this report, which is analogous to other reports of like character, is sufficient to justify us in placing the tonsil operation among the major operations and among those requiring training, skill and experience of the operator. It also should indicate that the tonsil operation is essentially a hospital operation, or its equivalent, and is not one which can be performed upon the patient and immediately afterward the patient be permitted to return to his home, perhaps a long distance from the surgeon, and with no particular instructions as to after-care. We know that such chances have been taken, and no unfortunate complications followed, but, on the other hand, we do know of many complications that we have reason to believe could have been avoided had reasonable precautions been adopted. Because a man does not break his neck when alighting from a moving train is no reason why we should not disapprove of that method of getting off a train; and the tendency on the part of some physicians to tempt fate

injudiciously and unnecessarily in any operative procedures is not to the credit of the medical profession.

If tonsils are to be removed they should be removed in their entirety, capsule and all, and with the least possible trauma of surrounding tissues. Despite all statements to the contrary, tonsillectomies cannot be performed as they should be performed, with safety to the patient and credit to the operator, "in a few seconds," as stated by some, nor can the operation be considered a comparatively trivial affair, as we sometimes hear it described by those whose work may be considered far from the ideal. The operation should be done with the parts thoroughly anesthetized, under the effects of either a general or local anesthetic, and under illumination sufficiently direct and sufficiently bright to enable the operator to see distinctly every step of his operative work.

There should be no occasion for the swallowing of large quantities of blood, for the operator should control the hemorrhage at the time of operation, either by compression or the skilful use of hemostats. Blood vessels that are not controlled by a few minutes' pressure with tampons should be picked up with hemostatic forceps and held for a few moments; and if the bleeding is resumed after release of the forceps the bleeding vessels should be picked up again with the hemostats and ligatures applied. Ligatures are not hard to place in the tonsillar space, and they do give the operator a sense of security not obtained in any other way. They are not often required, but they are much preferable to the gauze pack with the pillars stitched over it in order to retain it and bring about pressure, or to the various clamps devised for the control of tonsillar hemorrhage. Styptics are very justly condemned by the majority of skilled and experienced operators as being unnecessary and usually ineffectual, to say nothing of interfering with subsequent smooth healing. Monsell's solution, so frequently employed, should never be applied, as it is dirty, ineffective, and may cause secondary hemorrhage from sloughing. The use of some of the various preparations made from the coagulating properties of the blood are the least objectionable of these preparations used as medicinal styptics. Furthermore, the administration of 15 or 20 grains of lactate or chlorid of calcium, administered three times per day, two or three days prior to the operation, has a decided effect in aiding coagulation.

It is a wise plan to test the coagulability of the blood of all patients, particularly of adults, prior to tonsillectomies, and in that way a tendency to bleeding may be detected and suitable preventives employed.

As dangerous and fatal hemorrhage has occurred following tonsil operations, the physician should respond immediately to the call of nurse or family when post-operative hemorrhage is reported. Sometimes simple removal of the clot from the tonsillar cavity is sufficient to cause a cessation of the hemorrhage, but under any circumstances the clot should be removed when present and the bleeding point discovered and given attention.

Secondary hemorrhages, or those occurring in from two to five or more days after the operation, are not very frequent, but occur sufficiently often to permit us to arrive at the conclusion that there are altogether too many cases in which dissection is not clean, for most secondary hemorrhages arise in consequence of infection or are due to a detached slough or erosion which leaves an open vessel. While some, if not most of the secondary hemorrhages cease spontaneously, yet occasionally it is necessary to apply pressure, or even ligate the blood vessel. When it occurs the patient should be kept quiet for a few days, or until the tendency to recurrence is past. Transfusion of salt solution should be a last resort, as it lessens coagulability while increasing the tension and quantity of the blood.

In most cases of really serious, sudden and violent hemorrhage there is neither time nor opportunity to ligate the external carotid. Loeb¹ records a case in which the hemorrhage had been so great that the operator was sure that the patient was about to die, pressure seeming to have no effect. The patient, however, went into a state of collapse, the bleeding instantly ceased, and recovery took place. He further states that records of cases in which the common carotid has been tied shows that the bleeding has not always ceased upon the application of the ligature, but has continued until the patient fainted from loss of blood. He says he would wait for this, in the meantime using pressure, hemostats, filling the cavity with gauze, or passing sutures through the palatine arches.

On the whole, the best method of controlling troublesome hemorrhage is by means of hemo-

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stats and ligatures. The best method of tying blood vessels in the tonsil fossa is that of Cohen, which Loeb describes as follows: "If the bleeding be so profuse as to make it difficult to see the bleeding point, the fossa is quickly packed with small gauze sponges held in by long clamps. By the removal of one sponge after the other, beginning from below, each section of the fossa can be inspected separately, the bleeding points located, and tied successfully while bleeding from the other parts is controlled by the sponges not yet removed." The particularly difficult thing in tying vessels of the tonsillar fossa is in slipping the ligature from the ends of the forceps over the tissue engaged. This arises from the tendency in most instances to catch too deep a bite with the forceps, thus preventing the sliding of the catgut from the clamp to the tissue. It is necessary to use broad, flat, arterial forceps, and to engage but a portion of the broad end of the hemostat, thus leaving one edge of the forceps free so that the catgut loop may slip easily under it during the process of tightening.

Post-operative complications of every kind are less frequent when the patient is kept quiet after the operation. Opinions differ as to whether the operation always should be done in a hospital, but there is no difference of opinion concerning the necessity for keeping the patient quiet, and preferably in bed, for two or three days following the operation. To permit a patient to be up and about, and to follow the reprehensible practice of some general physicians of removing tonsils and then permitting the patient to leave the office or hospital immediately afterward, providing there is no immediate hemorrhage, the patient perhaps walking or riding some distance to the home, is to invite trouble of a serious character. Furthermore, the cleaner the dissection, and the less trauma there is to the tissues, either from the operative procedures or sponging, the less likelihood there will be for hemorrhage at the time of the operation, and subsequent trouble from sloughs which may be a source of secondary bleeding.

Finally, tonsil operations should be approached with the understanding on the part of both operator and patient that they are not simple operations, not free from danger, and that they are not operations which should be attempted by an untrained and inexperienced person if the best results are to be secured

MORE AUTHORITY FOR THE SURGEON-GENERAL OF THE ARMY IS NEEDED

In any great enterprise team work is absolutely necessary for success. Nowhere will it count for more than in the present war. It is very evident that the allied nations are carrying on team work at the front, and working harmoniously, but can we say as much for our war preparations at home?

Congressional investigations seem to indicate that there has been altogether too much friction among bureaucratic heads, too much conflict of authority, and too much politics. In these days of trouble and sacrifice it is nothing short of a crime to force politics to the front, irrespective of the quality of the service to be rendered. There also should be that unity of purpose, that spirit of cooperation, and that desire to secure efficiency above everything else, upon which the highest success is based.

On several occasions, and even before the present war, we have commented on the lack of authority possessed by medical officers in passing judgment upon the necessary preparations and conditions required for the preservation of the health of our troops. There seems to be ample evidence to prove that Surgeon-General Gorgas has made recommendations of vital import to the health of our troops in the camps which have been disregarded or held in abeyance unnecessarily for the sanction of officers or bureau heads having greater authority. That the penalty has been paid for such a short-sighted policy seems to have had little bearing upon the condition, or otherwise some means would be adopted to correct a misapplication of authority.

There is one and only one way through which the health of our soldiers may be protected to the highest degree, and that is through the strict adherence to the recommendations of the Surgeon-General, backed by the approval of the other medical officers of his staff. In fact, so far as matters pertaining to health are concerned, the recommendations of the Surgeon-General should be final and subject to no countermanding or delay in execution through the orders or influence of other officers. Had such a policy been in force at the beginning of this war the recommendations of the Surgeon-General to the effect that fresh troops arriving at camps should be isolated and under observation for a period of at least two weeks before being

thrown in contact with the troops at the camp and in regular training, would have prevented widespread epidemics of communicable diseases which have produced an unnecessary amount of morbidity as well as mortality. Other recommendations of lesser importance, but still quite necessary in making up the sum-total required for the best protection of our troops, have, to a more or less extent, met with tardy approval and adoption as a result of the policy which prevents our medical officers from being the dictators in health matters that the present necessity requires.

We have gone into this war with a determination to win, and it is not enough for us to furnish men, munitions, food and money. Our men will count for little if they are not well trained and in the best of physical condition. Death, and incapacity or inefficiency from disease is just as helpful to the Kaiser's cause as bullets from a German machine gun. To protect our soldiers from the ravages of disease is one of the most important functions of our Government, and as we possess a medical and surgical department that is manned by as capable men as can be found anywhere in the world, there is every reason why we should place the health of our soldiers in the hands of that department and give the department the authority to make its recommendations second to none. It may cost something to protect the health of our soldiers, but at that it will be the cheapest in the end, for the most expensive thing in this war is man power, and anything which preserves man power is a wise expenditure.

TOO MUCH POLITICS IN THE CONDUCT OF THE WAR

We are whole-heartedly in favor of this war, and in favor of continuing it until the desired end has been accomplished. No matter how much sacrifice and how much suffering is required, it appears to us to be absolutely necessary for the safety and the future peace of the world to defeat the enemy; but while we are giving our support to this cause let us not forget that in the conduct of the war it is possible to make mistakes, and grievous ones at that.

It is our privilege and our duty to criticize if criticism is constructive rather than destructive. The effort to muzzle the press is fraught with grave danger. No person who has the best interests of this country at heart will offer criticism which has anything more behind it than a conscientious desire to see the war won

in the quickest possible time, and with the least expenditure of life and treasure, but no one with a spark of patriotism and love of this country and its institutions can help but feel a sense of regret to note the tendency on the part of many, not omitting those who are responsible for our part of the war, to profit by the terrible conflict that is now raging. Those who are fleecing the Government through contracts that are being filled at extortionate prices, or defeating the terms of the contracts by deficiencies in the quality or quantity of material furnished, are no more deserving of censure than the Government heads who permit extravagance and inefficiency as a result of the selection of officers and department heads who have little other claim to recognition than allegiance to the political party in power.

In times like these politics should be in the discard, and the political views of no man should be considered in estimating his fitness for the various responsible positions connected with the prosecution of this epoch-making struggle. If the disclosures of congressional investigations result in bringing about more efficiency in our preparation for and conduct of our part in the war, great good will come from the interference that in some quarters has been termed "meddlesome."

While there are many abuses that apparently cry aloud for correction, we are interested especially in a change in some of the operations which bear directly upon the health of our soldiers. We cannot look approvingly upon the shortsighted policy which has led to the concentration of our soldiers in southern camps that were totally unprepared to receive them, and in which no very creditable efforts have been made to perfect conditions that make for health. The alarming prevalence of communicable diseases, colds and pneumonia among the soldiers at southern camps can be attributed to blundering of some one, and congressional investigation seems to show that it is not due to blundering of the medical department of the Army.

Our soldiers deserve and must have the best protection that this country can afford, and unusual precautions and unusual care to prevent the propagation and dissemination of disease is essential when large bodies of men are congregated together. It will not suffice to say that during war times the people must expect to endure hardships and encounter dangers that are not common at other times. We admit that at the battle front it is impossible to give our soldiers all of the protection that we would

like to afford them, but there is absolutely no excuse for a failure to provide the best protection before they get to the battle front. Sickness and death in our concentration camps in this country can and should be reduced to the minimum, and unless we adopt those measures which we know will bring about that result our fighting force is unnecessarily reduced or weakened. Every phase of camp construction, from the selection of the site to the completion of the camp, including housing, sanitation, hospital facilities, and even the time and manner of reception of troops, should be under the guidance and approval of medical experts; and the blundering and inefficiency which seem to have been plainly in evidence at some of our southern camps deserves correction, and an earnest effort should be put forth to avoid repetition. In no other way can we do our best in carrying on a war which, so far as we are concerned, is righteous in its onset and has righteous ends in view. Efficiency and competency, irrespective of any other consideration, should be the principle to be followed, and with that in view we commend the honest and constructive criticism which the worshipers of a political fetich would suppress. In this war we should know no republicans or democrats as such.

THE INCOME TAX AS APPLIED TO DOCTORS

No doctor should forget to file his income tax report, and no doctor should delude himself with the thought that he can escape paying the tax. The penalties for failure to report, as also failure to make an *accurate* report, are extremely severe, and when Uncle Sam punishes he punishes with no regard for position or influence. Every single doctor having a net income over \$1,000 per year is subject to the tax. In the case of doctors who are married the exemption is increased to \$2,000. When the income increases above \$3,000 the tax increases, and, unfortunately, for those doctors who have a net income in excess of \$6,000, an *additional 8 per cent.* is tacked on to the regular tax and surtax. This latter excess tax is considered unfair, unjust and vicious, in that it imposes a double tax on those who have no invested capital, but whose income is the result of mental effort and personal energy after an expensive education and long professional experience — in other words, on those whose income is a product of their brains. The American Medical Associa-

tion, through its House of Delegates, is asking for a repeal of that portion of the income tax law which provides for this excess tax. It is quite possible that the present Congress will make some modification in the income tax law, for at present the law is so ambiguous and offers so many features that are of questionable interpretation it is scarcely possible for any professional or business man to determine his income tax. Even the internal revenue officers, whose duty it is to advise concerning exemption, are confused by the frequent changing of rules or change in the interpretation of the law by the Washington authorities. But no matter what changes are made, the doctors who are subject to the tax are obliged to make a report and should not delay doing so for fear of penalty.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

HAVE you paid your State Association dues? Remember that you are delinquent on and after February 1. The dues for 1918 are \$4 per year, and they should be paid to the executive office at Indianapolis before the first of the month.

SOME of the county medical societies have recognized the economic conditions of the present time and decided to raise their fees for professional services to correspond with the increased cost of drugs and supplies, and the cost of living in general. It is a justifiable action.

THE doctor who has a net income in excess of \$6,000 for the year 1917 will think that he has been "hit with a club" when he pays Uncle Sam's regular income tax and surtax, *and in addition, a further excess tax of 8 per cent.* But the doctor has to pay the tax and should be thankful that he has an income that justifies it.

HAVE you filed your bond and secured your permit to buy that four ounces of alcohol required for your laboratory? Uncle Sam says you cannot purchase the alcohol until you comply with the law. A bond will cost you \$5. Perhaps you will not use more than a quarter's worth of alcohol in a year, but that does not alter conditions.

WE note that some county medical societies are refusing to make life insurance examinations for less than \$5. This is a step in the right direction, for if the examination is worthy of the name it requires time and skill, and is easily worth \$5, and particularly to the insurance company that has so much at stake as a result of the examination.

WE hope that every county medical society in Indiana is paying the State Medical Association dues of its members who are in military service. It is a patriotic act for the home doctors to assume some of the burdens of the doctors who have made sacrifices and gone to war. The man who objects to helping out during times like these is no better than a traitor, even though his objection is based upon the most sordid selfishness.

ELSEWHERE in this number will be found a warning concerning a clever swindle being worked by a young man who calls on physicians. As we have stated many times, it is the height of absurdity for any doctor to pay money to agents, or, for that matter, to pay money to any strangers or firms of unknown standing without first receiving value for the money paid out. Subscriptions for books or journals, and payments for the same, should be made direct to the publishers, and no payments should be made to any but responsible firms.

OUR boys in the training camps are getting a little taste of hardship during this strenuous winter weather. With the thermometer from 15 to 20 degrees below zero, as it was at some of the camps, and training continued despite the weather, the toughening process does not carry joy to the hearts of the soldiers. May we hope that this will be the last winter that our boys will be needed in military camps of any kind.

IT will be quite a tidy sum that the surety companies will receive as a result of the enactment of the Food Control Act recently passed by Congress; \$5 from each of all persons, firms or corporations desiring to use or to sell pure

alcohol for other than beverage purposes, in purchasing the bond that must be filed with the collector of internal revenue, is certainly a handsome present to hand over to the surety companies. However, Uncle Sam's mandates must be obeyed, though it seems as though he has played into the hands of the surety companies.

A VALUABLE collection of mortality statistics, presenting the principal causes of death among the white and colored wage-earners in the United States and Canada, including death rates, covering over 10,000,000 individuals for each of the six years, 1911 to 1916, has been prepared by the Metropolitan Life Insurance Company. This company, in the hope that they may aid in the study of disease and disability among the wage-earners, invites physicians to make use of these statistics. Inquiries should be addressed to the Statistical Bureau, Metropolitan Life Insurance Company, 1 Madison Avenue, New York City.

SOME of our subscribers who are in war service are moving about so much that it is impossible to keep track of them. However, they seem to want *THE JOURNAL*, for we are getting letters from the training camps saying: "I miss *THE JOURNAL*, please send it to me here until further notice." But sometimes before the next issue of *THE JOURNAL* comes out that same doctor will have moved to some other camp. But here let us say that no matter how often our subscribers who are at the front change their addresses we shall try to get *THE JOURNAL* to them. In fact, while the supply lasts we will keep on mailing duplicate numbers to replace all lost in the mails or that have failed to reach destination through constant changing of location.

IT is about time for this country to purge itself of the radical pro-Germans and traitors of every type. There are only two sides to this war question. A man must be either for or against his country. No matter whether in the beginning we opposed the war or not, we now are in war, and it is the duty of every American citizen to support the country, and unreservedly. To do anything else is traitorous, and anything which hampers this government in the prosecution of the war works injury to the interests of every citizen in the country. The time for handling this subject with gloves is past. The rough hand of suppression and punishment for all traitors should be exercised from this time forth.

WE have been asked why we do not publish more news concerning the medical activities at the various concentration camps. As a matter of fact, we publish as much news as we can obtain, and we welcome letters from any of the Indiana doctors who are in the concentration camps or in France. The Government prohibits the publication of much that would be interesting news, and we have been cautioned so much as to what should and what should not be published that we must of necessity refrain from making public some information that comes to us in various ways. However, we shall make it a point to secure as much medical war news as possible, and especially personal items concerning Indiana doctors.

THE new government war insurance is obtainable by any man or woman of any age in active military or naval service of the United States. It has been ruled that members of officers' training camps are under the act and can obtain insurance. The cost for each \$1,000 is from 65 cents a month to persons at the age of 21, to \$1.20 a month to those of the age of 51. The beneficiaries are limited to wife, husband, child, grandchild, brother or sister, step-brother or step-sister, adopted brother or adopted sister of the insured, as well as parent, grandparent or step-parent either of the insured or of his or her consort. The insurance is not compulsory, but the cost is low and the protection great, and not only are all persons eligible afforded every opportunity to obtain this insurance without trouble or extra expense, but they are specially urged to do so. Up to the last of November policies of insurance have been issued aggregating \$1,032,938,000.

WARNING against a medical fraud being practiced by impostors posing as federal employees, and trying to sell rheumatism and other "cures," which they represent as being made by the United States Government, has been issued by the Bureau of Chemistry of the United States Department of Agriculture. Word of this fraud has come from Minnesota and South Dakota, which tells of such misrepresentations by agents of the "United States Medical Dispensary" or "Dr. Henry Post," Washington, D. C. The packages and labels guaranteed for \$20 "cures" for various ailments, but failed to give any address of those who are to refund. Federal inspectors have been unable to locate any such concern or doctor in Washington or elsewhere.

ALL students in medical colleges are now members of the Medical Reserve Corps of the United States Army and Navy, and under special orders from President Wilson are detailed to complete their medical courses before drafted for active military duties. This is in keeping with the recommendations coming from England, where a very grave mistake was made in permitting students from scientific schools to enlist in active service. If the present war continues, as it gives evidence of doing, there will be great need of recruits to fill the depleted ranks in the medical and surgical departments of the army and navy, and unless we are producing more doctors there will be a serious deficiency which cannot be overcome. Our medical students can be of more service to the country later on as military doctors than they can now as non-medical soldiers.

THE Federal Trade Commission has entered orders for licenses to three firms to manufacture and sell the product heretofore known under the trade names of "Salvarsan," "606," "Arsenobenzol," "Arsaminol," patent rights which have been held by German subjects. The orders for licenses are subject to acceptance and agreement by the licensees to the stipulation made by the commission. On such acceptance and agreement, licenses Nos. 1, 2 and 3 will be formally granted by Secretary L. L. Bracken, acting for the commission. Hereafter, this important drug will be manufactured and sold under the name of "Arsphenamine." The three firms which hereby will be permitted to manufacture and sell "Arsphenamine" are the Dermatological Research Laboratories of Philadelphia; Takamine Laboratory, Inc., of New York, and Farbwerke-Hoechst Company (Herman A. Metz Laboratory) of New York. The shortage of the supply on this product will immediately be relieved, and the product will be furnished hospitals and the medical profession at a price lower than ever before.

THE patent on aspirin has expired, and now an effort is being put forth to prevent druggists and others from using the name. In other words, acetylsalicylic acid, which is identical with aspirin, will not be furnished as aspirin if the New York agency of the German product can prevent it. Not content with the unjust monopoly for aspirin and the enormous profit secured through a price that was in excess of the price charged in other countries, to say nothing of exploiting the preparation in the newspapers and in other unethical ways, the

representatives of this German product are endeavoring to continue the monopoly. In view of the fact that acetylsalicylic acid is made now by several reputable manufacturers, and the price is very much less than aspirin, the indications as to the policy to be pursued by American physicians is quite plain.

A NUMBER of county societies have taken favorable action on the plan to apportion the fees of those physicians who have entered the military service and to keep their practice intact during the period of the war. After thorough consideration and after consulting the plans used in other states, it was decided to ask every physician to agree to the following provisions: (1) To refund to the family of the doctor in military service one third of the fees collected from the doctor-soldier's patients, a statement to be sent to the doctor's family on the first of each month, together with the one-third remittance; (2) to serve the members of the doctor-soldier's family on the basis of professional courtesy, no fee being charged; (3) on a doctor-soldier's return from service to advise his patients to return at once to him and to refuse to give them further treatment.

RECENTLY we had the pleasure of meeting a Canadian military officer home on a furlough who has seen service in Europe ever since the beginning of the war. He tells us that to his personal knowledge there are some impostors preying upon the sympathy, and oftentimes upon the pocketbooks of the American public by posing as soldiers who have seen service, and by their talk and actions they create sympathy and hospitality if they do not in reality solicit funds for themselves on the plea that the funds are for worthy purposes which they claim to represent. The American public is warned to look out for such impostors, and to be right sure that any persons who represent themselves as having seen extensive service in Europe can furnish unquestioned proof of the claims. As the Canadian officer says, the fellow who is making himself most conspicuous, and talking the loudest about fighting, bleeding and dying for his country is generally the fellow who never saw the firing line even though he has been enlisted in the service. One chap who traveled about Canada collecting money and clothing for some of the Canadian regiments at the front, was promptly jailed when his claims concerning service were found to be false. He had, however, managed to secure a considerable quantity of plunder from patriotic and charitable people before the fraud was discovered.

A LETTER from Dr. Joseph Colt Bloodgood, chairman of Committee on Preparedness of the Southern Medical Association, brings out the fact that while there are about 14,000 commissioned officers in the Medical Reserve Corps and 7,000 in the process of being commissioned, making a total of 21,000, which is sufficient for an army of 2,000,000, yet the indications are that a very much larger army will be needed, and the medical profession of this country will be tested to its utmost. At a recent meeting, in Chicago, of the State Committee of National Defense, it was decided to petition Congress to create a Reserve Medical Officers Reserve Corps, and when this is created every qualified physician at any age will be given the opportunity and honor to volunteer his services and be enrolled. After this every physician will be in a position to either wear the insignia of the Reserve Medical Officers Reserve Corps, or the uniform of active service in the Medical Officers Reserve Corps; and from the new Reserve Medical Officers Reserve Corps the Surgeon-General will be able to select medical officers as they are required for service in France or at home. Dr. Bloodgood further says that the present great problem the medical department faces is the training of physicians in civil practice for military duty, and the protection of the Army in training in this country from venereal disease. The great and only necessity of the present is the successful carrying on of this war!

THE practice of telling patients what drugs they are taking, and even asking them to go to the drug store and procure the drugs without a prescription is a vicious one and worthy of severe condemnation. Not a few doctors tell their patients to go to the drug store and get quinin, protoiodid of mercury, iodid of potassium, cascara, and such proprietary remedies as aspirin, phenacetin, etc., and the manufacturers do their best to have their preparations prescribed in original packages, knowing full well that as soon as the patient gets anything in an original package he is going to be a self-drugger and cut loose from the physician. As an example of the intent of the manufacturers eventually to cater to the trade of the laity we are confronted with the aspirin advertising which now can be found in the daily newspapers and posted in the windows of many drug stores. In most instances the advertising gives some therapeutic suggestions for taking aspirin. Had it not been for the careless manner in which physicians have prescribed aspirin the public would not be self-drugging with it, and the

manufacturers would not be taking advantage of the situation by advertising aspirin in a most flagrant manner. Doctors complain about self-drugging patients and counter-prescribing druggists, though in reality the fault can be traced back to the medical profession as the encourager of it.

THE medical students who have enlisted in the Medical Reserve Corps of the United States Army have been detailed to complete their medical education, though subject to call at any moment in case of dire necessity. That is a move in the right direction. The next thing in order is to send some of the enlisted farmer boys back to the farms to continue farm work and swell the production of foodstuffs so necessary for the winning of this war. Even in pre-war times the farmers had great difficulty in securing help and in keeping their boys at home, and now, with thousands of farmer boys enlisting or being conscripted for army service, the farmer will have more trouble than ever before, and it will do little good to urge him to raise more foodstuffs if he cannot have more help. No doubt some farmer boys can be spared, but it is very evident that the limit has been passed, and we question if any of the farmer boys who have gone into military service and had a taste of excitement and the changed conditions will ever be satisfied to go back to the farms. If labor conscription ever becomes necessary, as advocated by some prominent men, then agricultural occupations should be the first to be served and benefited.

WARNING.—We are advised that a very clever swindle is being worked by a young man calling on physicians in various sections of the country. He is fraudulently soliciting orders and collecting money for subscriptions to medical journals and for medical books published by various firms. He usually represents himself as a student, working his way through college and trying to get a number of votes to help him with a certain contest. He sometimes uses the names of L. D. Grant, H. E. Peters, R. A. Douglas and F. C. Schneider, and he usually gives a receipt bearing the heading of some society or association, such as United Students Aid Society, the Alumni Educational League; the American Association for Education, etc. The description given of this swindler is a young man of the Jewish type, rather slender, with very dark hair combed straight back, and shows his teeth plainly when talking. The

whole scheme is a fraud. The societies mentioned do not exist. The idea is to collect money by offering special discounts and prices on medical books and journals and skip with the money. This young man does not represent W. B. Saunders Company, whose name he frequently uses. He is a fraudulent subscription agent and physicians, generally, should be on the lookout for him.

AGAIN permit us to remind members of county medical societies in Indiana who are not in military service that they can do no finer thing than look after the practices of those who have enlisted and are in active service for the country, and in keeping up the membership of the soldier doctors in the county and state medical organizations. We do not approve of remitting the dues, for both the county and state organizations must be kept up, and funds are required for the purpose. Furthermore, it is shirking responsibility to refuse to contribute in this way to the war cause, and it is a comparatively trivial thing for the members of our county medical societies who stay at home to pay the medical society dues of those who have gone to war. Our state medical association must be kept up, and its activities supported to a greater extent than ever before, and this means that funds will be required. There is absolutely no reason why the membership of the Association should not be kept up to its former quota, and this can and should be done by the cooperation of doctors who stay at home. Therefore, be generous, be patriotic, and exhibit commendable professional courtesy by seeing that the medical society dues of your confrère at the front are paid. Remitting the dues is a slacker proceeding and unworthy of adoption by any county medical society in Indiana.

It may not be amiss to remind doctors that aside from a patriotic duty the purchase of Liberty Bonds and War Savings Stamps is a measure of thrift that is to be commended. The non-taxable bonds are especially desirable in which to invest surplus, inasmuch as they pay a fair rate of interest and are absolutely safe. The War Savings Stamps have been rightly termed "little baby bonds." They are invaluable for small investments. They may be purchased in amounts from 25 cents to \$5. The \$5 stamps are on sale until January 31 for \$4.12 each. They automatically increase in value a cent a month thereafter until Jan. 1, 1923, when the United States will pay \$5 at any postoffice

or at the Treasury in Washington for each one of them. In other words, the interest rate is 4 per cent., compounded quarterly, but the amount of War Savings Stamps sold to any one person at any one time shall not exceed \$100, and no person is permitted to hold such stamps to the aggregate amount exceeding \$1,000 in maturity value. If the stamps are purchased after January, the price paid must include the accumulated interest, which is 1 cent each month upon the \$5 maturity value of each bond. The War Savings Certificate may be registered in case the owner wishes to secure a duplicate in case the certificate is lost. It is not necessary to register his certificate if the owner does not wish to do so.

THE cost of publishing THE JOURNAL has kept pace with the increasing cost of everything else. Paper, labor, supplies, and even postage has increased. However, in spite of the increased cost we are endeavoring to publish a journal that is just as large and just as good as formerly. We have created a standard which we expect to maintain. We shall appreciate it if we have the cooperation of our readers, and especially the county medical society secretaries who can send us society reports and other items of interest. Judging from the letters received it is evident that our department devoted to news notes and personals is appreciated particularly, and we shall be much pleased to have items furnished by those who are able to contribute in that way. Owing to increased cost of publication, and especially increased postage, we are holding our mailing list down to bona fide subscribers and the more important exchanges. We are, however, printing a sufficient number of extra copies to furnish duplicates for those of our subscribers who are in military service and who may fail to receive their regular copies of THE JOURNAL in consequence of the uncertainty of the mail. All orders for duplicate copies must be sent in early in order to be filled.

THE Christian Scientists have a fine press bureau, and the remarkable thing about the work of that press bureau, with its ramifications all over the United States, is that it succeeds in getting more free advertising space than any other enterprise in the world. Whenever Christian Scientists are mentioned derogatively to the slightest extent in any periodical, whether lay or medical, some Christian Science publication committee files a lengthy answer in defense of the cult. On numerous occasions we have

commented lightly or otherwise upon the unchristian, unscientific, and absurd teachings and reasonings of Christian Science as applied to disease, not forgetting to pay tribute to the business acumen of the Christian Science healer in gathering in dollars, even under the idiotic pretext of administering "absent treatment," and in every instance a lengthy retort has emanated from some Christian Science publication committee. Evidently the Christian Scientists believe in the old adage of newspaper men that "advertising pays," and no matter where the advertising comes from it helps to some extent or otherwise there would be no reason for defending Christian Science in a medical journal. But the business acumen of this peculiar sect is illustrated in the fact that the various publication committees of the Christian Scientists are able to secure an enormous amount of free advertising. We even admit donating a little advertising ourselves, and are quite willing to do so and let the Christian Scientists reap the benefit.

THE new Food Control Law, as it applies to druggists, physicians and dentists, is certainly the most drastic measure that has been enacted for some time. According to this law, every physician who wishes to buy alcohol for his own use must get a permit from the United States Internal Revenue Office, file a bond, and state in his application blank for what purpose he intends to use the alcohol. This applies whether alcohol is to be used for washing the hands, for preparing stains for laboratory use, or for any other purpose for which he desires the alcohol without having it medicated or in some manner denatured. A physician cannot purchase more than one pint of alcohol that has been medicated without obtaining a permit. It is very evident that this feature of the Food Control Law was framed or inspired by the temperance advocates, and to say that it is an asinine feature is putting it mildly. How it escaped the ax we are unable to say, but we do know that it has been enacted as a law and physicians will have to comply with it. A feature of the law which also deserves severe condemnation is that which applies to the filing of a bond. It makes business for the surety companies, and they are reaping a rich harvest by supplying bonds to physicians, druggists and dentists at \$5 each. However, doctors will have to take the government's medicine whether it is palatable or not, and every doctor who wants a half pint of alcohol for sterilization purposes,

or for use in his laboratory, or for any other purpose, will be obliged to comply with the provisions of the law which went into effect on Dec. 1, 1917.

A FAMILIAR figure at all sessions of the Indiana State Medical Association is that of Dr. G. W. H. Kemper of Muncie, historian for the Association and councilor of the 8th District. To see Dr. Kemper, exceedingly active physically and mentally, and to hear his hearty laugh and his optimistic comment on any and all the affairs of life, makes us feel that we would be fortunate indeed if we could reach the age of 78 years and have his preservation of all the faculties that make for happiness and contentment. On the anniversary of his birth he sends us the following:

A PRAYER

December 16, 1839

December 16, 1917

Today, three score and ten and eight years, or twenty-eight thousand, four hundred and seventy days have come and gone in my life. Surely, goodness and mercy have followed me during all this period. I acknowledge every blessing that has come to me as a gift from the Bountiful Father, to whom I give praise and thanks. And now, Oh God, forsake me not, nor cast me off in the time of my old age. Let my last days be as my best days. And whether the tide comes in with gentle breezes of cheer, or the tide flows out amid storms of sorrow and bereavement, may I not murmur. May a few friends cling close to me in the time of loneliness when friendship is a comfort and solace. I stagger not in doubt at the promises of God. I know Him whom I have believed. My religious faith clings to a Savior's pardon and a Redeemer's love. And though anticipations have not always been realized, and hopes have often failed me, I have never taken an appeal from the rulings of Providence. As the shadows lengthen toward the sunset of life, I pray that disappointment may not embitter my sensibility nor cause me to lack in love toward my brother man, and when the evening twilight of age settles down upon me, may I be found patient and gentle still.

"Sunset and evening star,
And one clear call for me!
And may there be no moaning of the bar
When I put out to sea.

"For though from out our bourne of time and place
The flood may bear me far,
I hope to see my Pilot face to face
When I have crossed the bar."

G. W. H. KEMPER.

OUR very energetic and capable secretary of the State Board of Health could do a fine service if he would take some action which would force traction companies to pay some attention to cleanliness and sanitation in their interurban cars. It is positively criminal to permit interurban cars to go out from terminal stations in a filthy, insanitary, and unhealthful condition,

and this is exactly what happens regularly on the majority of lines in the state of Indiana. The Editor of THE JOURNAL, in filling his lecture hours at the university, is compelled to patronize the traction lines a great deal, and this fall has made a mental note of the condition of all the cars ridden upon. In no single instance has an interurban car been found even reasonably clean, and in the majority of instances the cars were filthy dirty. On every occasion the cars were taken at terminal stations, thus showing that the cars are permitted to go out without attention of any kind whatsoever. Early in November a limited interurban car for Indianapolis was taken at Fort Wayne at 6 o'clock in the morning. The cuspidors and floors of the smoking compartment were foul with the expectorations from tobacco chewers and others. The dirt everywhere was thick. In the main part of the coach banana and orange peelings, presumably from the day before, could be seen under the seats. The conductor was asked why the coaches were not cleaned, and he replied that cleaning was not his business. He also was asked why he did not furnish a little heat—for the car was so cold that the passengers were obliged to keep on their outer wraps—and he replied that he was doing the best he could. Certainly such inattention to the health and comfort of the patrons of the traction lines is inexcusable, and requires correction. At the present time the traction lines are overcrowded, with corresponding increased profit, but under any circumstances the officials should be brought up with a sharp thud for an abuse that is nothing short of a crime. A few fines would go a long way toward changing the order of things.

GORGAS SPEAKS OUT.—It is a terrible indictment of the War Department which Surgeon-General Gorgas makes after his investigation of the causes of disease and death among the soldiers in those southern camps. The reputation of General Gorgas is so above reproach, and so eminent is he in the profession of medicine, that his statements will be received by the country without question and without demur. It is rather startling, therefore, when he declares that certain of the southern camps were located in undesirable places through the evil machinations of designing politicians, and that the naturally unsanitary conditions have been aggravated by overcrowding the sleeping quarters of the soldiers, by insufficient clothing and inadequate hospital facilities. All of these charges

have been made before and all indignantly denied by administration leaders as viciously false—the “slanders of narrow partisans and pro-Germans.” Yet now Surgeon-General Gorgas, the greatest sanitary expert in the western hemisphere, makes them and makes them with ugly emphasis. Gorgas is not a “narrow partisan,” and he will hardly be branded as a “traitor,” even by those who have made a business of screening the blunders of the Washington administration by challenging the loyalty of all those daring to criticize or protest. He stands above impeachment, yet he denounces conditions in certain army camps and defies contradiction. It is not a pleasant picture that he paints and neither is it one which friends of our soldiers like to dwell upon in thought. Inadequately clothed men, crowded in poorly prepared quarters in unsanitary camps, are so left to face the rigors of a winter unusually severe. No wonder the death list is larger than it should be and no wonder that General Gorgas speaks feelingly and to the point. He could not as a humane and honest man do otherwise.—Ft. Wayne *Daily News*, December 20.

In closing the discussion of a paper on Prostatic Hypertrophy, Dr. W. N. Wishard, the well known genito-urinary surgeon of Indianapolis, after calling attention to the fact that it is the patient's interests that should be the principal consideration of the attending physician, makes the following pertinent statement: “With profound respect for the general surgeon, and intending only to express what I believe to be the absolute truth, I would answer the question as to whether prostatic surgery is in the domain of the general surgeon by asking you and every thoughtful physician whether, if you were the patient, you would prefer to submit yourself to a general surgeon or to an experienced genito-urinary specialist if you were the victim of prostatic enlargement and its complicated and associated pathology. I can say these things with more frankness and freedom than some of my younger urologic associates, and feel at liberty to do so because of my age and the fact that my professional career is nearing its close. If I knew this to be my last opportunity to address the Indiana State Medical Association on a topic in which I have been deeply interested for many years, I do not think I should state the matter differently.”

In reality isn't this exactly the position to be taken concerning any form of special surgery or treatment? The man who attempts every-

thing does nothing well, or certainly not as well as he could do it if he did not try to spread his efforts over such a large field. If the real specialist in any branch of medicine or surgery, after long training and experience, makes mistakes and does inferior work, how infinitely more certain it will be that the illy trained and the inexperienced will make mistakes and do inferior work! The whole thing simmers down to the statement made by Dr. Wishard, which in essence is, “What would the doctor do if he was the patient?”—and what he would do for himself he ought to do for his patient.

DEATHS

JAMES H. KNIGHT, M.D., Morgantown, died December 1. Graduated from Bellevue Hospital Medical College in 1875.

ENOCH JAMES YAGER, M.D., Graysville, was found dead in his chair December 9. Dr. Yager was 69 years of age, and graduated from the Kentucky School of Medicine in 1890.

OLIVER A. COLLINS, M.D., Mohawk, died November 30, aged 58 years. Dr. Collins graduated from the Medical College of Indiana in 1886, and had practiced medicine in Hancock and Madison counties for thirty-five years. He was a member of the Hancock County Medical Society, the Indiana State Medical Association, and a fellow of the American Medical Association.

B. F. ZELLER, M.D., Union City, died November 30, aged 72 years. Dr. Zeller was a veteran of the civil war; began the study of medicine in the office of Dr. Kester, Gordon, Ohio, and graduated from the Ohio Medical College of Cincinnati in 1874. Three sons, all physicians, survive—Dr. Rush Zeller, Akron, Ohio; Dr. Ward Zeller, Detroit, and Dr. F. A. Zeller, Union City.

SAMUEL SELLS BOOTS, M.D., retired physician of Greenfield, died November 30, aged 71 years. Dr. Boots graduated from the Eclectic Medical College of Cincinnati in 1870, was one of the incorporators of the Indiana Eclectic Medical College at Indianapolis, in which he held a chair for twelve years. He was a member of the State Board of Health for ten years, serving as president for two years. He retired from practice in 1895.

GEORGE L. GREENWALT, M.D., Fort Wayne, dropped dead in his home on December 6, aged 66 years. Dr. Greenwalt was born in Mahoning County, Ohio, in 1851, removing to Fort Wayne when very small, and receiving his education in that city. He graduated from the Bellevue Hospital Medical College in 1880, and has practiced medicine continuously since that time in Fort Wayne. He was a member of the Fort Wayne Medical Society, the Indiana State Medical Association, and a fellow of the American Medical Association.

GEORGE H. F. HOUSE, M.D., Indianapolis, died December 2 at Clayton, Ind., aged 70 years. Dr. House was born in Frederick County, Maryland; removed to Indiana in 1853, and graduated from the Indiana Medical College in 1880, locating in Indianapolis in 1882, where he continued to practice until about one year ago, when compelled to retire because of health. He served a term as president of the city board of health of Indianapolis, was formerly vice-president of the Marion County Medical Society, and was a member of the Indiana State Medical Association.

ULYSSES GRANT GOODWIN, M.D., Monticello, died suddenly on December 20 from heart trouble. Dr. Goodwin was a member of the Medical Officers' Reserve Corps and had returned from Fort Benjamin Harrison but two days previous to his death. He was born at Curtisville, Ind., December 24, 1876; graduated from Indiana University School of Medicine in the class of 1902; served three years as intern in the city dispensary, Indianapolis, and located in Monticello in 1905. Dr. Goodwin was a charter member of the White County Medical Society, being its first secretary; and a member of the Indiana State Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better *Journal* for you.

INDIANAPOLIS

DR. W. N. WISHARD, Indianapolis, spent a week end last month in Williamstown, Mass., visiting his son.

DR. H. W. TAYLOR, Rochester, spent several days last month as the guest of Dr. A. L. Marshall of Indianapolis.

DR. H. G. HAMER, Indianapolis, read a paper last month on "Prostatic Hypertrophy" before the Putnam County Medical Society.

DR. CHARLES O. McCORMICK, Indianapolis, accepted the invitation to speak before the Jay County Society, which met at Portland January 4, and read a paper on "A Plea for Prenatal Care."

DR. A. L. MARSHALL, secretary of the Indianapolis Medical Society, and a member of the Legislative Committee of the State Association, was the speaker at the meeting of the Clinton County Society held at Frankfort January 3.

DR. FRANK B. WYNN, chairman of the Administration Committee of the State Association, read a paper on "Short Cuts in Diagnosis" at the meeting of the Wayne County Medical Society at Richmond, January 2. Dr. Wynn also outlined the plans of the executive secretary's office, chiefly along the lines of legislative and organization work.

DR. J. BENTLEY SQUIER, New York, was in Indianapolis last month to confer with the State Committee of the medical section of the Council of National Defense concerning the work of obtaining the services of civilian medical men for the army. The conference was held at the University Club and was presided over by Dr. J. R. Eastman, president of the State Association, who is also chairman of the medical section of the State Council. Dr. Squier described the method by which every surgeon in the service has been listed. A code has been devised which describes at a glance the professional qualifications and also peculiarities, if any, which might make the doctors unsuited temperamentally for military service. Professionally the doctors are placed in class A, B, C and D. The personality code includes the following specifications: Colored, immoderate drinker, drug addict, good executive, poor executive, good teacher, poor teacher, temperamental defects, adaptable, physical disabilities, literary ability, research worker, German sympathizer, doubtful medical reputation, good executive and adaptable, good teacher and good executive. Dr. Squier reported that out of 22,000 names completely coded in four weeks' time by the New York Committee only 2,300 surgeons, first class in all particulars, had been obtained.

GENERAL

DR. STOCKTON AXSON has been appointed national secretary of the American Red Cross.

DR. I. D. GARRIGUES, Brookville, Ind., has changed his field of practice to Morristown.

DR. CHARLES R. SOWDER, Indianapolis, is in military service at Camp Custer, Michigan.

DR. FRED DENNIS has been appointed city health secretary for the city of Crawfordsville.

DR. MITCHELL C. CLOKEY, Huntington, has received his commission as captain in the M. O. R. C.

DR. GEORGE R. OSBORN, Laporte, has received commission as captain in the Medical Corps.

DR. S. P. HOFFMAN, Decatur, was quarantined with a mild attack of smallpox early in December.

DR. EARLE WAITE, Rochester, was transferred from Fort Benjamin Harrison to Long Island, N. Y.

DR. W. C. MOSS, Bunker Hill, has received his commission as captain in the Medical Corps of the army.

DR. J. N. PULLIAM, Fort Wayne, addressed the Whitley County Medical Society at its regular meeting December 11.

WORD has been received of the safe arrival in France of the Indianapolis Base Hospital No. 32 on or about December 22.

DR. HARRY WILLIAMSON, Marion, announces the removal of his office from the Marion Block to Rooms 612 and 613, Marion National Bank Building.

DR. G. L. HOMANN, Laporte, has been appointed a member of the faculty of the Mayo Hospital at Rochester, Minn.

DR. W. M. HALL, for eighteen years practicing physician at Pennville, has changed his field of practice to Portland.

DR. O. T. BRAZELTON, member of the City Board of Health of Princeton, suffered a mild attack of smallpox in December.

DR. C. G. BURFORD, Chicago, addressed the Tippecanoe County Medical Society at its December meeting, held in Lafayette.

DR. THOMAS L. COOKSEY, Crawfordsville, has been appointed secretary of the board of health of Montgomery county for the year 1918.

DR. IVAN S. BRENNER, Winchester, has been transferred and put in charge of the Fifteenth West Virginia Infantry at Camp Shelby.

DR. E. B. MOSER, Tipton, for some time in the medical corps and stationed at Camp Taylor, has been released because of illness.

THE annual conference of the Indiana tuberculosis workers will be held at Evansville on Friday and Saturday, February 1 and 2, 1918.

DR. FRANK B. BLACK, former practicing physician of Bengal (Shelby County) and Indianapolis, died recently at his home in Gilboa, Ohio.

DR. JAMES MCCALL, Terre Haute, has been quite ill from an infected hand. The index finger of the right hand had to be amputated.

DR. RALPH R. TRUEBLOOD, Lawrenceville, has been commissioned first lieutenant in the medical corps of the army and stationed at Richmond, Va.

DR. ALEXANDER R. CRAIG, Chicago, secretary of the American Medical Association, holds the commission of captain in the Medical Officers' Reserve Corps.

DR. HENRY REEDER, Jeffersonville, lieutenant in the Medical Corps of the army, left December 5, under government orders, for Jassy, Roumania.

DR. J. R. BLOMER, Rockville, stationed with the training camp at Hattiesburg, Miss., has been assigned to take special work in the treatment of fractures.

DR. L. V. STRANG, South Bend, has been appointed county physician for St. Joseph County, and Dr. Hugh T. Montgomery, county health commissioner.

EVERETT J. MCKNIGHT, M.D., a member of the Board of Trustees of the American Medical Association, died suddenly at his home in Hartford, Conn., December 25.

THE annual report of the Postmaster-General for the year ended June 30, 1917, shows a surplus of \$9,836,211.90, the largest in the history of the Postoffice Department.

WORD has been received to the effect that Lieut. A. E. Fauve, Fort Wayne, has been assigned to duty on transport and hospital ship service between England and France.

DR. C. C. RAYL, Monroe, has fitted up and located in splendid new office rooms over the Enterprise store, Monroe. The rooms are furnished very completely and conveniently.

ARMY HOSPITAL UNIT I, organized at Anderson under the direction of Dr. J. B. Fattic, left December 18 for Fort McPherson, Ga., where the unit will be attached to Base Hospital No. 6.

DR. GEORGE WILLIAMS, Crawfordsville, has been appointed captain in the M. O. R. C. and is now serving at Fort Oglethorpe, Ga. Dr. Williams was a member of the pension and exemption boards.

DR. O. E. McWILLIAMS, Anderson, has been appointed physician for the Union Traction Company to succeed Dr. J. B. Fattic, who has been called with the hospital unit to Fort McPherson, Ga.

THE nurses' dormitory at the Wabash Valley Sanatorium, Lafayette, was destroyed by fire on December 14. One nurse was severely injured. The property loss is estimated at \$10,000.

DR. Z. M. BEAMAN, North Manchester, who is at Camp Grant, near Rockford, Ill., was quite severely hurt in a train wreck while returning from a football game in Chicago December 2.

GARY MEDICAL SOCIETY has elected the following officers for the coming year: president, J. J. Proper; vice president, E. L. Schaible; secretary, Grover Verplank; treasurer, A. P. Alexander.

SURG.-GEN. WILLIAM C. BRAISTED, United States Navy, announces that the navy is still in need of well qualified medical officers. The Medical Corps of the navy is at the present composed of 755 medical officers, with 771 additional officers available in the Naval Reserve Corps.

DR. F. M. WALL, formerly of Warren, Ind., but post surgeon at Benicia Arsenal for the past two years, recently has been promoted to major in the medical department of the U. S. Army.

THE home of Dr. A. A. Rang at Washington was destroyed by fire on December 14. Dr. and Mrs. Rang both were absent from the city, attending the funeral of Mrs. Rang's father, at the time of the loss.

OFFICERS for the Tippecanoe County Medical Society for 1918 are: president, C. C. Driscoll, Lafayette; vice president, F. L. Pyke; secretary, H. J. Laws; treasurer, C. H. Hupe; censor, W. R. Moffitt.

THE new officers of the Tipton County Medical Society for the coming year are: president, Dr. H. E. Grishaw, Tipton; vice president, Dr. W. C. Furney, Sharpsville; secretary-treasurer, Dr. A. Burkhardt, Tipton.

DR. W. H. GILMORE, secretary of the Illinois State Medical Society, has been very seriously ill and was operated on at the Missouri Baptist Sanitarium at St. Louis recently. Reports state that he is making a slow recovery.

DR. L. H. KELLY, who has been very ill in St. Luke's Hospital, Chicago, for several months, was taken to his home in Hammond on December 15. He is somewhat improved, but is still in a serious condition.

WHITLEY COUNTY MEDICAL SOCIETY has elected the following officers for 1918: president, L. W. Tennant, Larwill; vice president, J. W. C. Scott; secretary-treasurer, D. S. Linvill; censor, three years, F. G. Grisier.

NEW officers for the Huntington County Medical Society for the coming year are: president, Dr. S. Koontz, Roanoke; vice president, Dr. F. W. Grayston, Huntington; secretary-treasurer, Dr. F. B. Morgan, Huntington.

DR. WILLIS W. CAREY, Fort Wayne, after nine weeks' intensive training at Phipps clinic, Johns Hopkins University, in the study of psychiatry and neurology, has been assigned to a base hospital at Camp Meade, Maryland.

THE Surgeon-General of the Navy announces that the Navy's needs, so far as dentists in the Naval Reserve force are concerned, are more than satisfied, and that no applications are receiving favorable consideration at present.

AMONG the list of recommendations for promotions cabled to the War Department by Gen. Pershing are the following: "To be captain Medical Reserve Corps—First Lieuts. M. P. Lane, C. W. Presnall, E. B. Maynard and A. Freer."

DR. J. L. NEFF, for twenty years a practicing physician at Walton, and who removed to Logansport six years ago, has returned to Walton, purchasing the practice of Dr. J. F. Hatfield, who is in the United States medical service.

DR. WILLIAM H. KENNEDY, formerly of Shelbyville, on January 1 removed to Indianapolis, where he will be associated with his brother, Dr. Thomas C. Kennedy, in his professional work in connection with the Indianapolis Radium Laboratory.

THE chiropractors have formed a new state organization, to be known as the Indiana State Chiropractors' Association. The organization was completed at an all-day meeting of the cult at Huntington, December 16, attended by about 150 chiropractors.

SURG-GEN. RUPERT BLUE of the United States Public Health Service has asked Congress to appropriate \$300,000 for the purpose of establishing a Sanitary Reserve Corps to combat outbreaks of disease in both times of war and times of peace.

THE WELLS COUNTY MEDICAL SOCIETY has organized for the coming year by the election of the following officers: president, Dr. J. L. Redding; first vice president, Dr. C. H. Mead; second vice president, Dr. Erskin Summers; secretary-treasurer, Dr. I. N. Hatfield; censor, Dr. E. W. Dyar.

ELKHART COUNTY MEDICAL SOCIETY at its recent meeting elected the following officers for the ensuing year: president, Dr. S. C. Wagner, Wakarusa; vice president, Dr. H. K. Lemon, Goshen; treasurer, Dr. Garwick; secretary, Dr. B. F. Kuhn, Elkhart; delegate to state meeting, Dr. M. E. Clover.

SPECIAL attention is called to the new location, in new and larger quarters, of the Hygeia Hospital, 4733 Vincennes avenue, Chicago, Ill. Inasmuch as the new location is in an entirely different section of the city from the old quarters, doctors referring patients to this institution should make special note of the new address.

THE *Pacific Medical Journal*, 60th volume of which has just been completed, has been acquired by Dr. William J. Robinson and will be consolidated with *The American Journal of Urology and Sexology*. Dr. Robinson will continue to edit the combined journal, and it will be published from 12 Mt. Morris Park West, New York City.

THE Central Free Dispensary of Rush Medical College announces that the reconstruction of invalided soldiers and men and women physically unfit who are needed in the industries will constitute an important part of the work of the institution during the coming year. Eighteen members of the staff of the dispensary are now in the army service.—*Illinois Medical Journal*.

THE annual meeting of the Noble County Medical Society was held in the court house, Albion, December 11, with the following program: Paper, "Management of Pneumonia by the Country Practitioner," Dr. J. E. Luckey, Wolk Lake; discussion opened by Dr. F. W. Black, Ligonier, and Dr. J. H. Nye, Cromwell. Case reports by Dr. J. L. Gilbert, Kendallville, and Dr. H. O. Williams, Kendallville.

VANDERBURGH COUNTY MEDICAL SOCIETY met at Evansville December 18 and elected officers for the coming year, as follows: president, Dr. G. W. Varner; vice president, Dr. J. W. Phares; secretary-treasurer, Dr. William E. Barnes; censor, Dr. G. C. Johnson; delegate to state meeting, Dr. Carl Viehe, with Drs. L. E. Fritsch and L. N. Rose alternates.

DR. FRANKLIN H. MARTIN, Chicago, head of the medical work for the Council of National Defense, and Dr. J. Bentley Squier, New York, met the members of the State Committee of the medical section for the National Council in a conference at the University Club, Indianapolis, on December 21. The meeting was for the purpose of discussing some plan for obtaining the services of civilian medical men for military duty.

HOWARD COUNTY MEDICAL SOCIETY met in regular session in the Carnegie Library, Kokomo, December 6, and elected the following officers for 1918: president, Dr. Omer D. Hutto, Kokomo; vice president, Dr. E. N. Bennett, Kokomo; secretary-treasurer, Dr. W. W. Gipe, Greentown; censor, Dr. H. C. Miller, Greentown; state delegate, Dr. W. I. Scott, Kokomo; district delegate, Dr. W. J. Martin, Kokomo.

THE permanent Red Cross Commission for Italy, in charge of Robert P. Perkins and Dr. Joseph Collins, New York, to take over the relief work begun by Major Murphy, has sailed for that country. Major Murphy has cabled a request for an additional \$250,000 for the relief work, and states that there is a great deal of work to be done, as the German successes in Italy involved the destruction of many military hospitals. _____

DR. DANIEL LAYMAN, Indianapolis, chairman of the Middle Section of the American Laryngological, Rhinological and Otological Society, has sent to the members notice of its annual meeting to be held in Indianapolis, at the Claypool Hotel, Friday, February 22. The medical profession is invited to attend the meeting. Announcements regarding program, time of meeting, etc., will be made later through the press and the Indianapolis Medical Society. _____

FREDERICK E. SCHORTEMEIER, executive secretary of the Indiana State Medical Association, addressed the Montgomery County Medical Society at its regular meeting at Crawfordsville, December 27. Mr. Schortemeier spoke at length upon the interests of the State Association, explaining various features of the work of the association, and at the conclusion of his address there was a spirited discussion about general plans for strengthening the association. _____

At the December meeting of the Fountain-Warren County Medical Society officers for the ensuing year were elected as follows: president, M. T. Case, Attica; vice president, George S. Porter, Williamsport; secretary A. R. Kerr, Attica; censors, Drs. Ross of Veedersburg, Stephens of West Lebanon, and Spinning of Covington; delegate to state meeting, Dr. Spinning of Covington; delegate to district meeting, Dr. C. J. Finney. _____

FRIENDS and relatives of members of Base Hospital No. 32 recently arrived in France, have formed an auxiliary to provide comforts, gifts, and care for the welfare of the members of the unit. The organization is to be permanent and is under the direction of the following committee: Richard O. Johnson, chairman; J. K. Lilly, W. P. Herod, George Hitz, Charles B. Maugham, Cass Connaway, Mrs. Edward J. O'Reilly, Mrs. P. E. McCown and Mrs. E. B. Mumford, all of Indianapolis. _____

MAJOR HORACE R. ALLEN, Indianapolis, has been made head of a new department recently established in the Medical Corps of the United States Army, designated as the "Camp Greenleaf School of Applied Surgical Mechanics," involving fractures, orthopedic and plastic surgery; also a museum for permanent record of modern war injuries and surgical apparatus. Major Allen spent the holidays at his home, returning January 1 to Camp Greenleaf (Fort Oglethorpe), where he has been stationed since September. _____

A RECENT cablegram announces that the American Red Cross has opened a children's dispensary in connection with the American Children's Hospital (opened ten days previously), located in a garage. In the first week of the dispensary's activity over 2,400 children were examined. American doctors twice daily examine an average of 250 children arriving from behind the German lines, and all contagious cases are sent to the American hospital. Every contagious case thus stopped may mean an epidemic prevented somewhere in France. An American dentist has opened a dental dispensary in the old kitchen, with a dental chair improvised from a wine barrel. _____

DURING December the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Calco Chemical Company: Chloramine-B (Calco); Chloramine-T (Calco); Dichloramine-T (Calco); Halazone (Calco).

Dermatological Research Laboratories, Philadelphia Polyclinic: Arsenobenzol (Dermatological Research Laboratories), 0.4 Gm. Ampules.

Farbwerke-Hoechst Co.: Novocaine.

A. Klipstein and Co.: Sterile Solution Coagulen-Ciba (3 per cent.) 1.5 Cc. Ampules; Sterile Solution Coagulen-Ciba (3 per cent.) 20 Cc. Ampoules; Tablets Coagulen-Ciba, 0.5 Gm. _____

THE State of Tennessee has passed a new law which provides for sanitary soda fountains and lunch rooms. The clause pertaining to cleansing of implements used in serving food is as follows:

"All glasses, dishes, spoons and all implements such as knives, forks, etc., and all receptacles used in serving food each time used by a customer shall be thoroughly cleaned and rendered free from injurious contamination in accordance with one of the following procedures before being used to serve another customer."

The procedures described include hand washing followed by boiling in clean water for a period of not less than five minutes; by mechanical washers, with dishes fully immersed in boiling clean water for a period of five minutes; with live steam—under ten pounds pressure for at least fifteen minutes, and dry heat, under temperature of at least 356 F. for at least one hour. This law might be considered a model protective measure.

IN announcing its general financial budget for 1918 the report of the trustees of the Rockefeller Foundation shows that possibly more than \$10,000,000 will be spent in public welfare work, half of which will be used for war relief. It was added, however, that while a sum of \$5,050,000 positively will be used in war work, if necessary the foundation can draw on an available fund of \$5,000,000 more. The budget states that \$1,076,000 will be used to fight hookworm, malaria, yellow fever and other scourges. Appropriations for the Tuberculosis Commission in France reach \$424,000. For land, buildings and equipment for schools at Pekin and Shankhai \$918,000 will be given. A sum of \$627,657 has been put aside for the operation of medical schools and grants to other societies and hospitals in China, while instruction and research in American medicine and public health and work in mental hygiene in this country will absorb \$3,000,000.—*New York Medical Journal*.

UNDER the War Revenue Act of October 3, 1917, which went into effect December 1, 1917, hospitals, sanatoriums and physicians who use alcohol for nonbeverage purposes are required to file a bond and obtain a permit from the revenue authorities. This law is being administered in connection with the Food Control Act of August 10, 1917, and applies to everyone handling alcohol. Heavy penalties are provided for noncompliance with or violation of the law. Physicians should make themselves conversant with the requirements if they have not already complied with the law. Druggists may not sell to physicians, hospitals or sanatoriums nonmedicated alcohol unless the physician, hospital or sanatorium has filed the required bond and obtained a permit. Druggists may, however, sell alcohol to physicians or the general public in any quantity up to one pint provided it is rendered nondrinkable by a prescribed proportion of the following substances: phenol, formaldehyde, mercuric chlorid, hydrochloric acid, tannic acid, alum, lysol or liquor cres-

olis compositus. A druggist having a permit may fill a physician's prescription or a physician with a permit may dispense prescriptions containing alcohol, provided the prescription contains other drugs sufficient to render the alcohol unfit for beverage purposes. To be able to purchase nonbeverage alcohol physicians, hospitals and sanatoriums must, in addition to having filed the bond and obtained the permit, order such alcohol on a form prescribed by the law. The penal sum of the bond must equal \$3 for each proof (50 per cent.) gallon of alcohol expected to be on hand or in transit at any one time. The bond must be that of a surety company, or a personal bond signed by two sureties approved by the collector of internal revenue, or may be a personal bond secured by a deposit of liberty or other government bonds. More complete information may be obtained from the district revenue officers.—*Journal of the A. M. A., December 22, 1917.*

ORDERS to officers of the Medical Reserve Corps as pertains to Indiana doctors during month of December:

To Camp Dodge, for duty, from Fort Benjamin Harrison, Capt. HARRY B. WILLIAMS, Mace.

To Camp Grant, base hospital, from Fort Benjamin Harrison, Lieut. WARREN W. HEWINS, Evansville.

To Camp Lee, for duty, from Philadelphia, Pa., Capt. ALFRED P. ROOPE, Columbus.

To Camp Meade, for duty, from Fort Benjamin Harrison, Lieut. JAMES O. RHEA, Linden.

To Camp Shelby, for duty, Lieut. IVAN E. BRENNER, Winchester.

To Camp Sheridan, for duty, from Camp Pike, Capt. ALLEN HAMILTON, Fort Wayne.

To Camp Sheridan, as member of board for examination of command for tuberculosis, from Fort Benjamin Harrison, Lieut. AMZI W. HON, Indianapolis.

To Camp Travis, for duty, Lieut. GEORGE L. MARSHALL, Bourbon.

To Camp Wheeler, for duty, from Fort Benjamin Harrison, Capt. JAMES W. DUCKWORTH, Indianapolis; Lieut. JOHN W. PAHMEIER, Indian Springs.

To Fort Oglethorpe, for duty, from Camp American University, Lieuts. LLOYD A. ELLIOT, Elkhart; from Fort McClellan, Lieut. ELMER C. SINGER, Fort Wayne.

To Fort Omaha, Neb., for duty with balloon squadrons for overseas, from Fort Benjamin Harrison, Lieuts. FREDERICK L. DARROW, East Haven; CHARLES R. ELFERS, New Augusta.

To Honolulu, Hawaii, for duty, from Fort Benjamin Harrison, Lieuts. JAMES H. JOHNSON, Connersville; EUPY K. SCHURTZ, Waterloo.

To New York City, Neurological Institute, for intensive training in brain surgery, Capt. THOMAS M. JONES, Anderson; to Post Graduate Hospital for instruction in urology and dermatology, Lieut. ASHTON M. BALDWIN, Marion.

To Portland, Ore., for instructions and assignment to squadrons now being organized from Fort Worth, Tex., Lieut. CARLOS C. ROZELLE, LeGrange.

To Rochester, Minn., for instruction and on completion of course, to Camp Sevier, Lieut. LLOYD H. SIMMONS, Millersburg.

To Tenafly, N. J., for duty in Ice Plant Company, No. 301, from Fort Benjamin Harrison, Lieut. CHARLES W. ASHLEY, Bicknell.

Honorably discharged on account of being physically disqualified for active service, Major ORANGE G. PFAFF, Indianapolis.

Honorably discharged from Camp Custer, Lieut. GARLAND D. SCOTT, Sullivan.

To Anniston, Ala., base hospital, from Fort Benjamin Harrison, Lieut. JESSE L. STOWERS, Indianapolis.

To *Camp Devens*, Ayer, Mass., base hospital, from Fort Benjamin Harrison, Lieut. ROBERT C. COCHRANE, Indianapolis.

To *Camp Meade*, Annapolis Junction, Md., base hospital, from Orthopedic Hospital, New York City, Lieut. LOUIS A. BOLLING, Attica.

To *Camp Sherman*, Chillicothe, Ohio, for duty, from Fort Oglethorpe, Lieut. BROSE S. HORNE, Gas City.

To *Camp Wheeler*, Macon, Ga., base hospital, from Fort Benjamin Harrison, Capt. JAMES W. DUCKWORTH, Indianapolis; Lieut. JOHN W. PAHMEIER, Indian Springs.

To *Oklahoma City, Okla.*, for instruction in orthopedic surgery, from Camp Cody, Lieut. REAVILL M. WALDEN, Evansville.

To *Pittsburgh*, for instruction in military roentgenology, from Allentown, Pa., Lieut. HARRY O. JONES, Berne.

To *his home* and honorably discharged, from Camp Grant, Capt. DANIEL A. CAMPBELL, Boonville.

To *his home* and honorably discharged, on account of being physically disqualified for active service, from Camp Grant, Lieut. GEORGE C. CARPENTER, Terre Haute.

Honorably discharged, from Camp MacArthur, Lieut. SIDNEY G. CORTNER, Olisco.

To *Camp Dix*, Wrightstown, N. J., Seventy-Eighth Division, for duty, from Fort Benjamin Harrison, Lieut. KARL C. EBERLY, Fort Wayne.

To *Camp Fremont*, Palo Alto, Calif., Base Hospital, from Fort Oglethorpe, Lieut. JOHN E. KELLY, National Military Home, Ind.

To *Camp Kearny*, Linda Vista, Calif., for duty, from Fort Oglethorpe, Lieut. EPHRAIM M. FOLSOM, Evansville.

To *Camp Pike*, Little Rock, Ark., base hospital, Lieut. HARRY BOYD-SNEE, South Bend.

To *Fort Bliss*, Texas, for temporary duty, from Washington University, St. Louis, Mo., Capt. GEORGE B. BREDLOVE, Martinsville.

To *Fort Oglethorpe, Ga.*, for instruction, Lieut. HENRY W. IRWIN, Indianapolis.

To *Fort Riley, Kan.*, for instruction, Lieut. IRA E. BOWMAN, Odon.

To *Montgomery, Ala.*, Aviation Mobilization Camp, for duty, from Fort Oglethorpe, Lieut. JULES L. BIERACH, Salem.

To *New York City*, Cornell Medical College, for instruction in military roentgenology, Lieut. CHARLES S. WOODS, Indianapolis.

To *Camp American University*, Washington, D. C., for duty, from Fort Benjamin Harrison, Lieuts. CLARENCE K. JONES, Indianapolis; GEORGE T. JOHNSON, Terre Haute.

To *Camp Green*, Charlotte, N. C., base hospital, from Roosevelt Hospital, New York City, Lieut. BROWN S. McCLINTIC, Peru.

To *Camp Pike*, Little Rock, Ark., base hospital, from Fort Oglethorpe, Lieut. MELCHERD H. KUTCH, Terre Haute.

To *Camp Sevier*, Greenville, S. C., base hospital, from Fort Oglethorpe, Lieut. SEWELL B. COULSON, Indianapolis.

To *Camp Taylor*, Louisville, Ky., as medical member of examining board and recruiting officer, from Fort Benjamin Harrison, Lieut. PAUL B. COBLE, Indianapolis; for duty, from Camp Custer, Lieut. PERRY C. TRAVER, South Bend.

To *Chickamauga Park, Ga.*, for duty from Fort Benjamin Harrison, Lieut. CLAUDE D. HOLMES, Indianapolis.

To *Fort Oglethorpe*, for instruction, Capt. GEORGE T. WILLIAMS, Crawfordsville; Lieut. ANDREW F. GUGSELL, Ferdinand; from Houston, Texas, Lieut. MERTON A. FARLOW, Milroy; with Ambulance Co. No. 42, from Camp Custer, Lieut. ELTON L. TITUS, Indianapolis.

To *St. Louis*, Washington University, for instruction in urology and dermatology, from Camp Grant, Lieut. WARREN W. HEWINS, Evansville.

To *Camp McClellan*, Anniston, Ala., for duty, from Fort Oglethorpe, Lieut. JOHN J. CONNELLY, Rockville.

To *Camp Meade*, base hospital, from Boston, Lieut. HASKETT L. CONNER, Indianapolis.

To *Chickamauga Park, Ga.*, Reorganization Camp, from Columbus, Ohio, Lieut. CLAUDE D. HOLMES, Indianapolis.

To *Fort McHenry, Md.*, for temporary duty, from Allentown, Lieut. CLIFFORD R. HOY, Syracuse.

To *Fort McPherson, Ga.*, Hospital Unit "1," from Fort Oglethorpe, Lieut. CLARENCE L. BOCK, Kokomo.

To *Fort Oglethorpe*, for instruction, from Fort McPherson, Lieut. JOHN M. LEE, Indianapolis.

To *Lake Charles, La.*, Signal Corps, Aviation School, Gerstner Field, from Montgomery, Ala., Lieut. JULES L. BIERACH, Salem.

To *Newport News, Va.*, for duty, from Fort Snelling, Minn., Lieut. KENNETH L. CRAFT, Indianapolis.

To *New York City*, for intensive training, Capt. WILLIAM W. SICHELBERGER, Evansville.

To *his home* and honorably discharged from Fort Oglethorpe, Lieut. BROSE S. HORNE, Gas City.

CORRESPONDENCE

THEFT OF A MEDICAL LICENSE

INDIANAPOLIS, IND., Dec. 14, 1917

Editor THE JOURNAL:

The Clerk of Kosciusko County has notified this office that on Saturday, Nov. 24, 1917, during his absence from his office, one Augustus Omer Brooks obtained from the deputy clerk a license to practice medicine without filing the certificate of the state board authorizing the issue of such license. The records of this office show that the said Augustus Omer Brooks has never satisfied the state on the question of his qualification, therefore, the license in his possession is illegal and should not be honored by any county clerk of the state.

The mistake in issuing the license was made by a deputy unfamiliar with the law. Anyone having knowledge of the whereabouts of Brooks will please notify this office.

Very truly,

W. T. GOTT, M.D.,

Secretary Indiana State Board Medical Registration and Examination.

CLEVER SWINDLER IN INDIANA

PHILADELPHIA, PA., Dec. 15, 1917.

Editor THE JOURNAL:

We thought you would like to know that a crook operating under the name of E. T. Rogers and representing the University Progressive Club, Cincinnati, Ohio, is calling on physicians in Indiana and soliciting subscriptions to journals, getting the money in advance and disappearing. One of the physicians in Aurora, Ill., has sent us a copy of the receipt given him, and after we examined it we are convinced that this crook is the same one as described on the enclosed notice. We had this fellow arrested some time ago and he was sent to jail for almost a year. He is now at liberty and evidently gone back to his old tricks. We feel sure you are anxious to protect the physicians in Indiana from swindlers of this sort and if you are inclined to place a news note about the matter in the next issue we think it would be a good thing for all concerned.

Yours very truly,

W. B. SAUNDERS COMPANY,

Per J. LeRoy Smith.

MILITARY ROENTGENOLOGY

CHICAGO, ILL., Dec. 15, 1917

Editor THE JOURNAL:

At Chicago, Illinois, is stationed one of the few schools of instruction in military roentgenology, for those commissioned officers of the Medical Reserve Corps who strive to gain appointments in the base hospitals, or others as roentgenologists.

This school is conducted under the instruction of Capt. E. S. Blaine of Chicago, professor of roentgenology, Northwestern University; roentgenologist at Cook County Hospital and at West Suburban Hospital. The work done is individual and practical, and is conducted in the roentgen-ray department of Cook County Hospital where Captain Blaine has at his disposal the greatest amount of working material, and he also adds to the disposal of the class his excellent personal library which is composed of the best works of both this country and Europe in this line of work.

The class is composed of thirty members—doctors whose special work was along lines of roentgenology and surgery from many states, four of which are from our own state: Lieut. B. R. Kirklin, Muncie, Ind.; Lieut. Julius R. Tracey, Anderson, Ind.; Lieut. C. E. Peters, Marion, Ind., and Lieut. R. W. Reid, Union City, Ind.

The work done is unlike that of military training in the other branches in that the student is required to do the actual work in every detail along with lectures and instruction of such experts as Captain Blaine may see fit to introduce into his course. The military instruction of Army Medical Officers, the physics of operating and production of roentgen ray as it is done on those machines which are regulation for the U. S. Army, and those of our allied armies, the use of the fluoroscope, radiograph and therapy instruction along with accurate interpretation of shadows of relative difference of density on the roentgen-ray plate are daily tasks of each member of the class.

The members of the class cooperate very nicely with each other and the instructor and are satisfied that there are no stones unturned or no secrets of the profession suppressed from those who are preparing themselves for the duty of roentgenologist in the U. S. Army, which may give more accurate and up-to-date treatment to those who give their services to Uncle Sam.

LIEUT. ROBERT W. REID,
Union City, Ind.

SOCIETY PROCEEDINGS

INDIANAPOLIS MEDICAL SOCIETY

Oct. 30, 1917

Meeting called to order by president, Dr. T. B. Noble. Minutes of previous meeting read and approved.

A communication was read from the executive secretary of the State Medical Society asking this society to appoint a legislative committee of five members naming a chairman and secretary whose duty shall be to see that the right kind of men are selected for the legislative primaries. A motion was made, seconded and carried that this committee be appointed.

Paper.—A Plea for Prenatal Care.

Although prenatal care has been recognized for generations and generations by stock breeders it has never been applied to the community at large until the past five to eight years. Inadequate vital statistics has been the chief cause of this delay. Only a little over 30 per cent. of the United States' population is included in the registration area.

Three hundred thousand babies die annually in the United States under 1 year of age. The period of highest infant mortality in the United States is the first month of life. In the registration area in 1916, 46 per cent. of deaths under 1 year occurred during the first month, 32 per cent. during first week, and 16 per cent. during first day. The corresponding figures for Indiana show a much higher mortality, and are as follows: 55.4 per cent. first month, 38.7 per cent. first week, 19.9 per cent. first day.

Infant mortality after the first month is decreasing, while that before the first month is increasing. This persistent mortality presents as great a problem for the health officers as does smallpox, scarlet fever, or infantile paralysis. The mortality during these first weeks of life cannot be reduced by postnatal measures—this reduction depends on prenatal supervision.

Thirty per cent. of all pregnancies show some abnormality. Dr. Emmons defines child bearing as "a normal function dangerous to public health."

Prenatal care is foresight and forehandedness during pregnancy—it is preventive medicine applied to obstetrics—it is an effort to give the mother and infant the greatest possible chance.

The chief results of prenatal care are:

1. Reduces infant mortality of first year at least 50 per cent.
2. Produces healthier babies and of increased weight, thus increases the chance of average baby to live—especially through that most perilous time, the first month.
3. Reduces the number of stillbirths 50 to 60 per cent.
4. Reduces the number of miscarriages.
5. Reduces the number of premature births.
6. Produces a greater number of normal deliveries, thus reducing mortality and morbidity of both mother and infant.
7. Greatly reduces the number of toxemia and eclampsia cases, the latter 80 per cent.
8. Greatly increases the possibility of maternal nursing, thus lessening one of the most difficult problems of infant welfare work. *Breast feeding is the strongest postnatal factor we have in reducing infant mortality and producing a better race of babies. Prenatal care is the largest single solution.*

Dr. Burckhardt in discussion said this is a paper of good citizenship, and was especially interested in the latter part which pointed out the obligation of the state to the mother. Pregnancy should be made reportable to the state authorities. The sooner the physician gets hold of the pregnant mother the better for all concerned.

The normal birth rate of this state is kept up by those of foreign birth. At present there is not enough financial return to induce capable obstetricians to take up this work seriously. We need a state or county obstetrician to take up supervision of all cases of pregnancy; a busy physician is not fitted for this work.

Dr. W. J. King: It requires courage of a man to write such a paper before a medical society which so reflects on the efficiency of the medical profession. From the statistics quoted being a baby is the most hazardous occupation known.

The state of Indiana is now in the registration area as it now registers 90 per cent. of its births.

Birth rate would decrease were it not for the presence of foreign population. The country districts are rapidly decreasing the number of children of school age.

The prenatal movement is in large part the factor which shall right this lamentable condition.

Dr. Sweitzer said a number of agencies are working in the state to better the outlook for the child, among them the various women's clubs, baby weeks, etc. As a result several thousand mothers are better informed as to pregnancies and this situation among the mothers has made the doctors fall in line to keep up with the advancing mothers. A larger number of mothers, especially young mothers, are now going early to the doctor. Dental clinics are also an aid.

Dr. G. B. Jackson said the subject of prenatal care had only in recent years been taken up.

The fact that one in every 125 pregnant mothers dies, makes interesting situation and should spur the doctor and public to action. Said that those about the confined mother should be examined for streptococcic infections and if found should be isolated, and cited a case of a serious infection to a mother who was bathed in a tub in which another member of the family had bathed who had a streptococcic infection.

Unnecessary instrumental interference is often responsible for serious infections. The gynecologist is the camp follower of the obstetrician.

Mr. Fred Shortemeier, the executive secretary of the State medical society, gave an interesting and instructive talk on the last or war congress.

Meeting adjourned.

Attendance 56.

November 13

Meeting was called to order by Dr. Murray N. Hadley, presiding.

The chair announced the following committee on arrangements for the next State medical meeting: Drs. Thomas Dugan, Thomas B. Eastman, Harry Gabe, H. G. Hamer, Harry Bonn, Jane Ketcham, Ada Schweitzer, Louis Segar and William S. Tomlin.

Dr. Schweitzer presented a stained specimen of spirochetes from the liver of a case of congenital lues.

Paper.—Hereditary Syphilis, by Dr. L. H. Segar. No abstract furnished.

Paper.—Diagnosis and Treatment, by Dr. James C. Carter.

The prognosis in untreated hereditary syphilis is poor. When treated it is fair. Death is often sudden. Malnutrition is given the credit in most cases instead of the disease the infant is suffering from.

The treatment of hereditary syphilis is carried out with the aid of salvarsan or neosalvarsan, mercury, potassium iodid. Neosalvarsan is to be preferred to salvarsan as it is less toxic. Its administration calls for skill. Mercury is best given as bichlorid by mouth by injections into the muscles. Inunctions are very much worth while. Late hereditary syphilis demands the use of potassium iodid in large doses. It rarely causes gastric upsets. Treatment in any given case is carried out until a negative Wassermann is obtained and this is by no means easy to get.

In discussion Dr. Brayton commended the papers and said such papers are always timely since next to tuberculosis syphilis ranked as a cause of death. He gave an outline of the teaching of syphilis in the local clinics. If he were left with only one drug with which to treat this disease he would choose $\frac{1}{10}$ grain bichlorid tablets. All patients should have mercury in conjunction with salvarsan. Said there was more salvarsan used in Indianapolis than Pittsburgh and more in Indiana than in Pennsylvania, and that America leads the world in the teaching of syphilis.

Dr. Cregor agreed with Dr. Brayton in the importance of mercury in the treatment of lues and said a patient will surely not have the late symptoms if he has taken a regular course of mercury.

Congenital syphilis may manifest itself at any time in the life of an individual. Congenital lues is not always traceable to the mother.

Dr. Hoskins called attention to the value of the luetin test to the general practitioner and said its results favorably compared to the findings of the Wassermann test, but that it required skill to interpret the findings.

Dr. Thrasher: The consensus of opinion among syphilologists is that salvarsanized serum is efficacious when properly used.

The intraventricular injection accomplishes nothing that cannot be accomplished with the intraspinal injection and is more dangerous.

The luetin test is not reliable, as drugs may influence the findings, such as starch, potassium iodid, etc. If every case of acquired syphilis were properly treated we would have no congenital syphilis. Hence, when we find it someone has erred, either the patient or the physician. Latent syphilis is found principally in the aorta, heart and testes. The eighth nerve is frequently involved in hereditary syphilis. Salvarsan acts better in hereditary syphilis.

Dr. Erdman: The luetin test has not been given a fair trial. I have had little experience with its use. It might be valuable to each of us if we paid a little more attention to the mastering of its technic.

Dr. Barnes mentioned a case of a family that had become salvarsan fast, due, in his opinion, to the rather small doses that had frequently been given, as much as twenty injections having been given a single member of this family. He thinks we make a mistake in not giving the larger sized doses.

Attendance, 57.

Meeting adjourned.

November 20

Meeting was called to order by Dr. Murray N. Hadley.

Minutes of previous meeting read and approved.

The following applicants for membership in the society were approved by the council and were voted by the society as members: Dr. Jule O. Wehrman, Dr. Joe F. Lankford, Dr. Herman Henry Gick.

A motion was made, seconded and carried to refer the matter of dues of those members of this society now in the service of the United States to the council for adjustment.

A motion was made, seconded and carried that the chair appoint a committee to secure a service flag for the society. Drs. Kitchen, Overman and Tomlin were appointed on this committee.

Because of the illness of Lieut. Scott Edwards, he was unable to present his paper.

Dr. Lillian B. Mueller read a paper on "Place of Gas Anesthesia in Tonsillectomy":

Nitrous oxid anesthesia possesses certain definite advantages over ether. It is more pleasant to take; the recovery is quicker; it is safer in its systemic effects, and just as safe as ether during its administration in the hands of an expert anesthetist. It also tends to prevent shock and is safer for tuberculous patients.

In the realm of ear, nose and throat surgery it is useful in mastoid and tonsillectomy. In mastoid work, it is well suited because the lack of muscular relaxation here is no drawback, and it gives the patient all the advantages named above.

In an experience covering six or eight months I have found nitrous oxid satisfactory for tonsillectomy. There are two features essential for success, that is, forcing the gases, and second, keeping an open air way. The operation may be performed in the horizontal position or in the forward inclined position. The surgeon must be willing to modify his technic to fit the limitations of the anesthetic; teamwork between surgeon and anesthetist is an important factor.

Paper: "One Hundred Twenty Cases of Tonsillectomy Under Gas Anesthesia," Dr. C. H. McCaskey:

Gas anesthesia is being developed in throat surgery, to make it safe for the patient to whom ether is dangerous.

Ether, as given by most anesthetists, is safer than gas.

After seeing Sluder do tonsillectomies under gas, I began using gas in cases where ether was contraindicated. In all, have done 120 cases, using the simple Sluder technic. You are able to finish operation in about two minutes.

Some of the points I have observed are:

Hemorrhage more profuse at operation, but not a great deal more than it is by ether anesthesia.

This entire series of cases was free from nausea.

All of these were operated after 4 o'clock p. m. and were able to take nourishment at 6 p. m.

All but four or five cases were out of the hospital in twenty-four hours or less.

Cases giving the slightest trace of tuberculous infection should have gas.

Some cases of nephritis will do better with gas.

In the general run of cases, where you can use the Sluder technic, gas may be used.

Patient is glad to return to room and speak to relatives.

Have seen all of these cases since operation, and they compared favorably with cases operated by other methods.

May be used to remove tonsils, after losing capsules, after local anesthesia.

I use ether in a great many more cases than I do gas.

In discussion Dr. Knowlting said nitrous oxid has many advantages in tonsillectomy. It is the half-way post between a local and general anesthetic. With gas the reflexes are not abolished, but with the help of morphin and atropin this disadvantage is overcome.

Bleeding under gas is more profuse, probably on account of increased blood pressure, but throat is cleared by patient before leaving operating room by reason of the quick revival of the patient. Time in operation is almost nil, as is also nausea. No swallowing of blood as under ether. Gas is particularly indicated in the tubercular and nephritic patient.

Contraindications: Badly adhered tonsils, anemia, and those of high blood pressure.

Dr. Overman has never used the gas method. Regards it as more dangerous than ether unless in the hands of a skilled anesthetist. In selecting an anesthetic three things are to be considered. First, method of induction; second, safety; third, after-effects.

Light ether following gas is an ideal anesthetic. Bleeding depends upon the patient and the skill of the operator. Anesthetic plays no part in the bleeding. Nausea is rare and we cannot know its cause, may be anesthetic and may be morphin.

Believes gas has place only in those of active or latent tuberculosis.

Dr. Tomlin: Nitrous oxid as an anesthetic is quite satisfactory. Does not recommend morphin and atropin, as their use increases the danger of inhaling blood and toxic matter. Gas should be used with the Sluder or rather the Braun's modification. Does not favor the upright position during operation. Nitrous oxide does not give thorough relaxation in the muscular patients; fauces are not relaxed. The anesthetist must be a skilled one.

Dr. Kitchen: Morphin may be given to a child with the same degree of safety as to adult if the dose is made proportionate to the child's weight.

Dr. Ruddell: Nitrous oxide answers the requirement of speed, but it is not entirely safe for children and since it must be administered under pressure it increases the liability of inhalation.

Dr. Eberwein: Gas-oxygen is the anesthetic of choice for the patient, but it increases the difficulties of the operator.

In closing, Dr. Mueller said gas anesthesia should not be given children under 5 for long operations. Does not give morphin to those under 12 years of age. Gas must be given under pressure to prevent entry of air. This pressure does not increase inhalation of foreign matter.

Dr. McCaskey: Sluder method is harder to grasp than the dissection method, but not so much pain is felt by the patient following this method. No morphin was given in the series of cases reported except in three or four cases. Atropine controls mucus and lessens hemorrhage.

Attendance, 65.

Meeting adjourned.

December 11

Meeting was called to order by Dr. T. B. Noble, president.

Minutes of previous meeting read and approved.

Paper, "The Heart of the Pregnant Woman," by Dr. Louis Burckhardt:

Textbooks and literature have but very little to say about the heart in obstetrics. We must differentiate between serious and milder cases. Serious cases will, as a rule, be well taken care of, as the threatening symptoms call for careful watching. Among milder cases there are such who show but slight evidence of disturbed circulation, but such where a patient has gone through a serious infection of the heart and which has left the heart in a state of good compensation. It would be a mistake to forbid a moderate amount of exercise. Enforced rest with all the consequent mental depression, well-regulated daily routine of work and a rational diet and close supervision with frequent reporting at the office is absolutely necessary.

The patient must be made to feel that she is absolutely safe, that she has full confidence in her medical adviser, and that she must listen to his advice only and to no one else.

In discussion, Dr. Bond said the paper dealt with a wide subject and allowed considerable latitude in discussion. The heart of the pregnant woman is a condition in which the prognosis must be a concrete and accurate one. In a pregnancy several features must be weighed and considered:

1. Effect of the pregnancy on the heart.
2. The effect of the labor on the heart.
3. After-effects of pregnancy on heart, as each successive pregnancy and labor adds its additional strain to already existing strains.
4. The effect of the heart on the condition of the child.

Many women go through life with heart lesions only to have them uncovered by the effects of pregnancy. During a pregnancy the position of the heart is changed by the enlarging uterus and its work is hampered. Certain vagus effects occur with consequent slowing of the heart. Changes in the blood channel give rise to a wider blood distribution with consequent vascular changes and added work for the heart. The actual work during labor the normal outside and metabolic toxins all contribute to the increasing burden thrown on the heart at this time.

Mitral insufficiencies in the main are unimportant if the patient has a good compensation.

Mitral stenosis offers a poor prognosis, some get through but are worse afterward. Aortic insufficiency offers the worst prognosis. Luckily few cases have it but when present about 60 per cent. of the babies are lost.

The old idea that blood pressure is increased is probably true in some cases. The heart is not enlarged; it only seems to be. Many cases of increased heart rate are due to infections and is corrected by eliminating the infection.

Dr. Kimberlin said the condition of the heart muscles in pregnancy is very important, but must not be studied alone, as the psychic element dominated the whole picture. Fatigue present in pregnancy is more of a nerve exhaustion than a heart exhaustion. The presence of a mitral stenosis in a young pregnant woman may justify early interference.

In discussion of Dr. Burckhardt's paper, Dr. Earp said:

There has been a diversity of opinion concerning

hypertrophy of the left side of the heart in pregnancy, perhaps a thickening and increase in weight in 25 per cent., but Gerhardt believes that the cardiac dulness on percussion is due to displacement. Others have claimed that at necropsy it has been shown that 8 per cent. of hearts showed hypertrophy. Stengel and Stanton believe there is no increase in blood pressure and no hypertrophy; this as a result of the study of seventy cases. Lusk has been quoted for years as believing that mitral stenosis warranted the induction of abortion as soon as the diagnosis is made. The cause of ulceration in acute endocarditis seems to be unknown, perhaps poor nutrition and overwork of heart. If a woman has heart disease, each succeeding pregnancy aggravates the lesion, but to dissuade from marriage when compensation is not faulty may be an extreme position.

There is often an inability of the heart to accommodate itself to the sudden variations in vascular tension during labor. If the defenses of the body such as liver and kidneys are pathologic and the heart condition is secondary there is much danger, myocarditis is one of the most dangerous conditions and it may have existed previously, undiagnosed, and no perceptible murmur until pregnancy. Increased tension just before delivery and a fall afterward may cause collapse. Blood forced back in heart may call for venesection. Susceptibility of the lying-in woman to the infections and later on effect on heart should be considered. Condition of heart muscle may cause failure of coaptation in valves when not organic, yet there may be a murmur which is functional.

Dr. Abett reviewed nine cases he had studied minutely, showing low blood pressures but with no heart manifestations. Peripheral edema marked and toxic conditions present, which cleared up under cathartics and rest.

Dr. Emerson asked whether a woman was a good surgical risk after delivery and cited two cases of death in women following their delivery, for slight surgical operations.

Dr. Hadley, in replying to Dr. Emerson's question, said his experience did not force him to conclude that these women were bad surgical risks. Thought fatalities were due probably to chloroform anesthesia.

Dr. Burckhardt said infective conditions should be hunted for and eliminated in pregnant women and advised the extraction of bad teeth and the removal of diseased tonsils.

Paper: "Venereal Warts Due to Gonorrhea in Women," Dr. A. S. Jaeger. Abstract follows:

Owing to present world war condition, gonorrhea in the male will be greatly on the increase, and as a result also in women, and naturally complications in both will be more prevalent.

The paper is presented for the purpose of recalling to the mind of the general practitioner the complication of venereal warts, which may cause great annoyance, and which may at times become sufficiently serious to demand radical treatment.

They are most commonly seen in infants, children, young girls and pregnant women. There is usually a preceding vulvovaginitis, and the growths, as a rule, are the result of uncleanness and neglect.

The common sites are the vulva, perineum and anus, though they may be found more rarely within the vagina, rectum or on the cervix. They vary in size, which as well as their appearance may depend on their location. They may attain enormous proportions and obscure both vaginal and anal openings.

Histologically, these tumors are localized hyper-

trophies of the external layers of the integument, are of varied color, showing margins of acute or chronic inflammation in the surrounding skin. Papillae form the chief part of the growth. Gonococci are never found in the warts, but can readily be recovered from the dirty discharge which covers them.

At times these growths respond but stubbornly to treatment, so that the various milder methods such as local applications or cauterization are ineffectual, and radical operation must be done. However, surgery is contraindicated during the later months of pregnancy or the puerperium, as healing during such times is slow and unsatisfactory, owing to continued bathing of the parts with discharges.

Regardless of any method of cure, unless the predisposing gonorrheal discharge is abated, there is a tendency to persistence or recurrence.

Dr. Hendricks in discussion said condylomata occur around mucous areas of the body and should not be confused with papilloma or syphilitic lesions. Gonorrhea was not the sole cause of these growths, any long continued discharge may produce them.

Through cleansing of parts affected with soap and water with dry astringent powder usually sufficed to cure these growths. If these fail, then surgery must be resorted to.

Dr. Gregor said many of these warty growths are seen in dispensary work and are due to many causes. These patients must keep themselves clean by all means. Zinc chlorid in solution gives good results but preferred the ointment since it better protected the surrounding skin from the discharges. Has not had to resort to surgery to cure these growths.

Meeting adjourned.

Attendance 43. A. L. MARSHALL, Secretary.

DELAWARE-BLACKFORD COUNTIES

At the regular meeting of the Delaware-Blackford Medical Society, held in the Muncie Y. M. C. A. building, Friday evening, December 7, the following officers were elected for 1918: President, O. E. Spurgeon; vice president, R. E. Cole; secretary-treasurer, H. D. Fair (reelected); censor, H. L. Buckles.

Lieut. B. R. Kirklin delivered an interesting address, "The Roentgen Ray as an Aid in Diagnosis," illustrated by many stereopticon slides. As an introduction Dr. Kirklin made the following terse assertions.

The roentgenologist must cooperate with the clinician, for the scope of the roentgen ray is limited. History and findings must be compared. The roentgenologist must be well trained in making interpretations, for sometimes the diagnoses are made by deduction. It is a mistake to say "roentgen-ray pictures," we simply get a shadow record of various densities. The roentgenologist as well as the pathologist must be well versed in normal anatomy and physiology. At best a diagnosis should be guarded, for unless the findings are unusually typical something may modify the plate so as to confuse. A certain number will always prove negative. The roentgen ray is still held in disrepute by some who have become skeptical, first, because of previous overconfidence. They expected it to show minute details of both organs and functions, and were naturally disappointed. Second, because diagnoses made by an incompetent roentgenologist have not been confirmed by surgery or autopsy. It is possible that the young roentgenologist is over-anxious to satisfy and find something suggested by the physician who referred the patient. Mistakes easily happen, for only the

roentgenologist of long experience can correctly interpret the lights and shadows on the plate.

The annual banquet of the members of the Delaware-Blackford Society with their mothers, wives, daughters and sweethearts, was held Friday evening, December 14, in the New Kirby House at Muncie; nearly one hundred guests being present.

The manager of the hotel had promised a "Hooverized" dinner, but the courses were so deliberate, the intervals between so protracted and the supply of food so abundant that toastmaster Trent felt that in order to make the feast have even a semblance of legality he must do something radical, so he Hooverized the post prandial program.

The first speaker introduced was Dr. F. G. Jackson, whose subject was "Camouflage." His naturally witty remarks dealt with the medical phases of the subject and drew rounds of applause.

Dr. Samuel Hollis told of a few incidents occurring early in his experience as a country physician. Although they were annoying and humiliating at the time, viewed in the perspective made possible by the flight of time, became interesting, humorous and pleasing reminiscences.

Dr. H. A. Cowing composed and recited a pathetic little ode dedicated to an angle worm, the half of which he had accidentally discovered in his salad while dining on one of the Pennsylvania's justly celebrated trains. During this affecting recital the reporter observed several intent glances inquisitively directed by the lady banqueters toward the lettuce remaining on their several side dishes.

Mrs. W. C. Stephens was supposed to tell several reasons why her potential and improbable second husband would not be a doctor. She deserves great credit for she made a brave attempt to present a valid argument, and graphically portrayed some of the acute and trying situations that confront every loyal wife of the typical physician; yet we all felt convinced that if she should ever select a second husband, yea, seven of them, they would all be doctors.

Dr. U. G. Poland, who for many, many years was secretary of the Delaware County Medical Society, presented in his able manner what purported to be a burlesque on the Muncie Academy of Medicine, the original president, O. E. Spurgeon, coming in for a lion's share of the bombast. During the remarks the former secretary who had worked heart and hand with President Spurgeon during the experimental period, felt a glow of satisfaction illumine his physiognomy, and as the oration approached its climax the glow became more and more radiantly triumphant. The cause may be explained as follows. When the secretary was an unsophisticated youth he one day complained to his father that his name had been used rather irreverently in connection with some alleged jokes appearing in the paper issued monthly by the literary society of which he was a member. "My son," said the father, "Remember this: the world pays no attention to the ordinary individual. In order to receive particular notice you must be so good-for-nothing that your worthlessness is conspicuous, or else you must have reached a place where your ability and accomplishments have aroused the respect or envy of the masses. If you belong to the first class you are entitled to neither sympathy nor redress; if to the second class, you are to be highly congratulated." So this night, Past Secretary Fair believed that Past President Spurgeon ought to be profoundly elated, for it must be true that the Muncie Academy of Medicine has accomplished a good work that the

Delaware County Medical Society had failed to perform. N. B.—Meetings every Friday night at the Y. M. C. A. building.

Robert, the young son of Dr. and Mrs. J. M. Quick, played two selections on the violin. The beauty of the melody and the correctness of the technic was a revelation to those who had not recently heard this real musician.

Mrs. Agnes Poland Minor recited two numbers which were warmly applauded.

At midnight the society adjourned with the general sentiment that the banquet had been a success.

H. D. FAIR, Secretary.

DUBOIS COUNTY

Dubois County Medical Society held its December meeting at Huntingburg, December 4.

Officers for the new year were elected as follows: President, Dr. A. E. Sturm, Jasper; vice president, Dr. O. A. Bigham, St. Anthony; secretary-treasurer, Dr. W. F. Rust, Holland.

At this meeting each member pledged his hearty support for the year 1918 to make the society meetings better than ever, and all members being in active practice and high standing in the county assures new life and vigor to the society.

Adjourned. W. F. RUST, Secretary.

FLOYD COUNTY

Floyd County Medical Society met in regular session at the Tavern, New Albany, December 14, at 8:30 p. m., with the president, Dr. W. L. Starr, in the chair. Fifteen members present.

Minutes of previous meeting read and approved; also a number of communications.

The establishment of a central bureau for the exchange of physicians to read professional papers before the various county societies was approved.

The following officers were elected for the ensuing year: president, Dr. C. P. Cook; vice president, Dr. W. J. Leach; secretary-treasurer, Dr. P. H. Schoen; censors, Drs. William Moore, J. F. Weathers and W. L. Starr.

There being no essayist nor further business, the meeting disbanded and members proceeded to the dining room, where a banquet was served, during which time social conversation and good fellowship reigned.

Adjourned. P. H. SCHOEN, Secretary.

JOHNSON COUNTY

At the recent meeting of the Johnson County Medical Society, officers for the new year were elected as follows: President, Dr. L. E. Cox, Greenwood; vice president, Dr. J. V. Baker, Edinburg; secretary-treasurer, Dr. O. C. Murphy, Franklin.

Regular meetings will be held the second Wednesday afternoon of each month.

Resolutions in reference to looking after physicians' practice while in army service, as formulated by the State Association, was passed unanimously.

Dues for the county society for 1918 was raised to \$5 to meet the demands of the State Association.

Motion passed that no member of the County Society make an old line insurance examination for less than \$5.

A committee was appointed to revise the fee bill to meet the increased cost of drugs and service.

Adjourned. D. R. SAUNDERS, Secretary

KNOX COUNTY

The Knox County Medical Society met December 13, at Union Depot Hotel, Vincennes, and elected the following officers for 1918: President, Dr. C. T. Boyd; Vincennes; vice president, Dr. B. B. Griffith, Vincennes; secretary-treasurer, Dr. E. T. Edwards, Vincennes; censor, Dr. H. D. McCormack, Vincennes.

LAKE COUNTY

Annual meeting of Lake County Medical Society was held at St. Margaret's Hospital, Hammond, Thursday, December 13, Dr. Miltimore presiding.

Report of secretary was presented and adopted.

Election of officers as follows: President, Dr. J. C. Gibbs, Crown Point; vice president, Dr. R. O. Ostrowski, Hammond; secretary-treasurer, E. M. Shanklin, Hammond; delegates, E. E. Evans, Gary; T. W. Oberlin, Hammond; alternates, Ira Miltimore, Gary; J. W. Iddings, Lowell; censor, three years, C. M. Gillespie. Annual orator in medicine, O. B. Nesbit, Gary.

Dr. Miltimore, retiring president, presented a paper on "Some Remarks Concerning Fractures," dealing with results rather than treatment.

Adjourned. E. M. SHANKLIN, Secretary.

LAWRENCE COUNTY

The Lawrence County Medical Society met at Bedford December 6 and elected officers for the coming year as follows: President, Dr. Charles H. Emery, Bedford; vice president, Dr. D. C. Sherwood, Mitchell; secretary, Dr. F. C. Hunter, Bedford; delegate to State Association, Dr. John A. Gibbons, Mitchell; censors, Drs. R. B. Short, Morrell Simpson, John A. Gibbons.

Dr. Richard D. Short reported an interesting case of fibroma of the uterus.

Adjourned. Reported by JOHN A. GIBBONS.

MADISON COUNTY

Madison County Medical Society met in Anderson, December 18, at 4 p. m., with Vice President Doris Meister in chair. Eleven members present.

Officers were elected as follows: President, Doris Meister, Anderson; vice president, Seth Irwin, Summitville; secretary-treasurer, M. A. Austin, Anderson; censors, J. W. Cook and T. O. Armfield.

A committee was appointed to fix a fee bill. It was decided to charge \$2 for calls in the city during the day; \$3 to \$5 at night.

The society took favorable action in regard to a central bureau for the exchange of speakers. Those who will read papers are M. A. Austin and L. F. Schmauss.

Adjourned. SETH IRWIN, Secretary.

ST. JOSEPH COUNTY

At the recent meeting of the St. Joseph County Medical Society officers for 1918 were elected as follows: President, Dr. R. L. Sensenich, South Bend; vice president, Dr. H. L. Cooper, South Bend; secretary-treasurer, Dr. R. B. Dugdale, South Bend; assistant secretary-treasurer, Dr. H. W. Helman, South Bend; delegate, Dr. F. P. Eastman, South Bend; alternate, Dr. H. M. Miller, South Bend.

R. B. DUGDALE, Secretary.

WAYNE COUNTY

The Wayne County Society met in regular session on January 2, at 2:30 p. m., with Dr. E. C. Denny, president, in the chair. Dr. Frank B. Wynn of Indianapolis gave a very interesting talk on the work of the Executive Committee of the State Association. He urged cooperation of the county societies in the matter of legislation and other work of the committee. He then gave a good talk on "The Short Cuts in Diagnosis," stating that the profession has used the laboratory methods in the past as a short cut without giving proper and sufficient study to the clinical side of the cases. He reviewed the possibilities of cellular pathology, microscopic bacteriology, the Widal test, the Wassermann and the roentgen ray, giving each due credit, but stating that each is possessed of limitations and insisted that the profession should give more attention to the perfection of the technic of physical diagnosis, and stated that the short cuts were dangerous and unreliable. The paper was discussed by Dr. C. S. Bond, who agreed with Dr. Wynn's statements entirely.

Adjourned.

E. E. HOLLAND, Secretary.

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since the publication of New and Nonofficial Remedies, 1917, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

BORCHERDT'S MALT SUGAR.—A mixture containing approximately maltose, 87.40 per cent.; dextrin, 4.35 per cent.; protein, 4.40 per cent.; ash, 1.90 per cent., and moisture, 1.95 per cent. It may be used when maltose is indicated in the feeding of infants, particularly in the treatment of constipation. The Borchardt Malt Extract Co., Chicago (*Jour. A. M. A.*, Dec. 1, 1917, p. 1875).

TYRAMINE-ROCHE.—A brand of tyramine hydrochloride complying with the standards of New and Nonofficial Remedies. The Hoffmann-LaRoche Chemical Works, New York (*Jour. A. M. A.*, Dec. 1, 1917, p. 1875).

ATOPHAN.—A proprietary brand of phenylcinchoninic acid complying with the standards of the U. S. P., but melting between 208 and 212 C. For a description of the actions, uses and dosage, see New and Nonofficial Remedies under Phenylcinchoninic Acid and Phenylcinchoninic Acid Derivatives. Atophan is sold in the form of pure atophan and as atophan tablets 0.5 Gm. Schering and Glatz, New York (*Jour. A. M. A.*, Dec. 8, 1917, p. 1971).

ARSPHENAMINE.—The Federal Trade Commission having adopted the name "arsphenamine" as the term to apply to 3-diamino-4-dihydroxy-1-arsenobenzene, first introduced as salvarsan, the Council on Pharmacy and Chemistry voted to adopt this abbreviated name in place of arsenphenolamine hydrochloride now in New and Nonofficial Remedies.

ARSENOBENZOL (DERMATOLOGICAL RESEARCH LABORATORIES).—A brand of arsphenamine. It has essentially the same actions, uses and dosage as salvarsan. It is supplied in ampules containing, respectively, 0.4 Gm. and 0.6 Gm. Manufactured and sold by the Dermatological Research Laboratories, Philadelphia Polyclinic, Philadelphia.

SALVARSAN.—A brand of arsphenamine. Supplied in 0.6 Gm. ampules. Manufactured and sold by Farbwerke-Hoechst Co., New York.

CHLORAMINE-T.—Sodium paratoluenesulphochloramide. It has the actions, uses, dosage and physical and chemical properties given in New and Nonofficial Remedies, 1917, for chlorazene.

CHLORAMINE-T (CALCO).—A brand of chloramine-T. Manufactured by the Calco Chemical Co., Bound Brook, N. J.

NOVOCAINE.—The monohydrochloride of paraaminobenzoylethylamino-ethanol. Actions, uses and dosage, see New and Nonofficial Remedies, 1917, p. 31. Manufactured by Farbwerke-Hoechst Co., New York (*Jour. A. M. A.*, Dec. 22, 1917, p. 2115).

PROPAGANDA FOR REFORM

SOME MISBRANDED MINERAL WATERS.—Shipments of the following bottled mineral waters were seized by the federal authorities, and on prosecution declared misbranded under the provisions of the U. S. Food and Drugs Act: (1) Baldwin Cayuga Mineral Water; (2) Bowden Lithia Water; (3) Carbonated Colfax Mineral Water; (4) Chippewa Natural Spring Water; (5) Crazy Mineral Water; (6) Crystal Lithium Springs Water; (7) Gray Mineral Water; (8) Henk Waukesha Mineral Spring Water; (9) Seawright Magnesian Lithia Water; (10) White Stone Lithia Water, and (11) Witter Springs Water. The "lithia" waters (Nos. 2, 6, 9 and 10) were in each case declared misbranded in that they did not contain sufficient lithium to warrant the term "lithia" in the name. A number (Nos. 1, 3, 5, 6 and 11) were declared adulterated in that they contained filthy or decomposed animal or vegetable substances of an excessive number of bacteria. Most of the waters (Nos. 1, 3, 4, 6, 7, 8, 9 and 10) were declared misbranded because the curative claims made for them were found unwarranted, false or fraudulent (*Jour. A. M. A.*, Dec. 1, 1917, p. 1901).

SALVARSAN MANUFACTURE AUTHORIZED IN U. S.—The Federal Trade Commission has granted orders for licenses to three firms to manufacture and sell arsphenamine, the product heretofore known under the trade name of salvarsan, patent right to which have been held by German subjects. Provided conditions of the license are accepted by the firms, the following will be authorized to make and sell arsphenamine: Dermatological Research Laboratories of Philadelphia; Takamine Laboratory, Inc., of New York, and Herman A. Metz Laboratory of New York. The license stipulates that the name arsphenamine be used in connection with the trade name, that the product must be submitted to the U. S. Public Health Service for examination before sale, and reserves the right to fix the price (*Jour. A. M. A.*, Dec. 8, 1917, p. 1989).

ANASARCIN AND ANEDEMINE.—These are the twin nostrums of cardiac pseudotherapy. Cardiac disease with its resultant renal involvement is frequently encountered; and running, as it does, a chronic course, it offers an almost ideal field of exploitation for the typical nostrum vender, who is more familiar with human credulity than with this preparation. Anedemine is said to consist of apocynum, strophanthus and squill with elder—an irrational mixture of three heart drugs with inert elder. Anasarcin has been stated to contain sourwood, elder and squill. Anasarcin is a dangerous remedy in the hands of the average clinician, and its use is at all times to be condemned. In view of the dangers attending the incautious use of any member of the digitalis group of drugs, it is impossible to condemn sufficiently the recommendation that the use of Anasarcin should be continued without cessation until all symptoms of dropsy have disappeared. In the present state of our knowledge of cardiac drugs, it is indisputable that digitalis and tincture of digitalis are best suited for the treatment

of cardiac disease except in those few cases in which intramuscular or intravenous administration must be employed temporarily for immediate effect (*Jour. A. M. A.*, Dec. 8, 1917, p. 1992).

THE CARREL-DAKIN WOUND TREATMENT.—From observations of the results of the treatment of wounds by the Carrel method, William H. Welch is convinced that Carrel deserves credit for calling the attention of surgeons to the possibility of the sterilization of infected wounds by chemical means. The Carrel method actually accomplishes sterilization sufficiently for surgical purposes. The destruction of surface bacteria without injury to the body tissues is of primary importance (*Jour. A. M. A.*, Dec. 8, 1917, p. 1994).

STRANDGARD'S T. B. MEDICINE.—The resident physician of a Canadian sanatorium states that the Dr. Strandgard's Medicine Company of Toronto, Canada, it attempting to sell its "consumption cure" called Strandgard's T. B. Medicine to Canadian soldiers who are treated at the sanatorium (*Jour. A. M. A.*, Dec. 15, 1917, p. 2060).

PEPTO-MANGAN.—Physicians having served the purpose of popularizing it, Pepto-Mangan (Gude) is now advertised in newspapers. In consideration of the established facts in regard to the absorption of iron and its utilization, all possible excuse for the therapeutic employment of Pepto-Mangan, in place of iron, has vanished. False claims regarding the efficiency of the preparation have been circulated by its promoters, and about two years ago the Council on Pharmacy and Chemistry reported that while the statements were no longer made, they had never been definitely admitted to be erroneous by the Breitenbach Company, and that Pepto-Mangan was then being exploited to the public indirectly. From a reading of the present advertisement in a medical journal, one can only suppose that this was intended to mislead physicians. The physician who prescribes Pepto-Mangan as a hematinic shows ignorance of the most rudimentary facts of iron therapy, and the intelligent patient soon perceives his limitations. "Useful Drugs" contains a list of iron preparations that are suitable for all conditions that call for iron. William Hunter discusses the subject of anemia and its treatment at considerable length in "Index of Treatment," Edition 6, p. 17-37, and gives many prescriptions containing iron for use under different conditions (*Jour. A. M. A.*, Dec. 29, 1917, p. 2202).

BOOK REVIEWS

ROENTGEN TECHNIC (DIAGNOSTIC). By Norman C. Prince, M.D., Attending Roentgenologist to the Omaha Free Dental Dispensary for Children; Associate Roentgenologist to the Douglas County Hospital, Bishop Clarkson Memorial Hospital, Swedish Immanuel Hospital, St. Joseph's Hospital, and Ford Hospital, Omaha, Neb. Seventy-one original illustrations. C. V. Mosby Company, St. Louis, 1917.

A rather primitive manual intended for instruction of a very primary sort in the methods of making roentgen-ray diagnosis, but without taking up any of the problems of interpretation.

PHYSICAL DIAGNOSIS. By W. D. Rose, M.D., Lecturer on Physical Diagnosis and Associate Professor of Medicine in the Medical Department of the University of Arkansas. Cloth, 499 pages; 294 illustrations. Price, \$4.00. The C. V. Mosby Company, St. Louis, 1917.

A well-known teacher has said that it is difficult to find a work on physical diagnosis that is sufficiently

comprehensive and up-to-date to meet the present demands, and yet in this volume the author seems to have met the requirements in a manner most acceptable to those who need a working knowledge of the subject. It is not an exhaustive work, but it will be found especially useful to medical students and general practitioners. It includes the principles of physical diagnosis, together with physical diagnosis of diseases of the respiratory and circulatory systems. Anatomy and physiology have been considered from the clinical standpoint. The illustrations are excellent and add greatly to the elucidation of the text.

PHYSIOLOGICAL CHEMISTRY, An Intermediate Textbook of, by C. J. V. Pettibone, Ph.D., Assistant Professor of Physiological Chemistry, Medical School, University of Minnesota, Minneapolis. Cloth, 328 pages. Price, \$2.50. C. V. Mosby Company, St. Louis, 1917.

While this book essentially is intended for students, yet it will be found excellent for the use of the general physician who desires to obtain greater familiarity with the general field of physiological chemistry. It deals with the fundamental processes which go on in the animal body. The laboratory experiments are given in such a way as to make them easily understood by the reader. Lengthy discussions and debated points are avoided. It has been written by a teacher, and will be found to be excellent for the purposes for which it is intended. Both diagnosis and treatment have begun to depend more and more on the findings of the physiological chemist, and the general advancement of medicine has been greatly furthered by the results of biochemical research. In consequence every student and physician should have a working knowledge of the subject.

MEDICAL WAR MANUAL No. 2. Notes for Army Medical Officers. By Lieut.-Col. T. H. Goodwin, R.A.M.C., with an introductory note by Surgeon-General William C. Gorgas, U. S. Army. Illustrated. Pocket size, 112 pages. Cloth, \$1.00. Lea & Febiger, Philadelphia and New York, 1917.

The publication of this book is authorized by the Secretary of War under the supervision of the Surgeon-General and the Council of National Defense. It is an elaboration from a series of lectures given by the author before the classes at the Army Medical School, Washington, D. C. They are based on the experience of the author at the front, and include much information which will be of great value to our medical men as they go abroad on active duty with troops in France.

Every young medical officer who will shortly find himself in active service should have a copy of this book. The various chapters deal with organization and administration, war surgery, sanitation in war, and a fund of general information based on the author's service on the western front.

PRACTICAL MEDICINE SERIES—THE EYE, EAR, NOSE AND THROAT. Vol. 3, edited by Casey A. Wood, A. H. Andrews, and G. E. Shambaugh, under the general editorial charge of C. L. Mix, Professor of Physical Diagnosis in Chicago University Medical School. Series of 1917. Cloth, 372 pages, \$1.50. Price of series of ten volumes, \$10.00. The Year Book Publishers, 608 S. Dearborn Street, Chicago.

Those who have subscribed regularly to the Practical Medicine Series have long since learned how invaluable these little volumes are in giving in condensed form the year's progress in medicine and sur-

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gery. The attempt is made to call attention to the advances that are really worth while. In presenting these advances the medical literature of the whole world is reviewed, and such subjects as seem worthy of reproduction in condensed form find a place in the Practical Medicine Series.

As might be expected, this volume on the Eye, Ear, Nose and Throat contains many references to subjects bearing on military surgery. The chapters relating to eye, ear, nose and throat examinations of recruits, and especially the technical and exacting examinations for aviators, receive extended attention. Aside from this there are the usual references to advances in therapeutics and operative technic.

HANDBOOK OF PHYSIOLOGY. By W. D. Halliburton, M.D., LL.D., F.R.C.P., F.R.S., Professor of Physiology, King's College, London. Thirteenth edition (being the twenty-sixth edition of Kirkes' Physiology). Cloth, 930 pages, with nearly six hundred illustrations and three colored plates. Price, \$3.50 net. P. Blakiston's Son & Co., Philadelphia, 1917.

A review of this well-known work seems hardly necessary in view of the fact that the present edition is the twenty-sixth, and represents repeated rewriting and revision of the old Kirkes' Physiology. Throughout all the time that the book has been published it has kept pace with the advancements of the times.

In passing it may be noted that this is the real Halliburton's physiology, and this statement becomes necessary in view of the knowledge that a few years ago a pirated edition appeared on the American market, much to the discredit of the publishers and the

American physiologists responsible for such a breach of commercial honesty.

The present edition, the thirteenth of Halliburton's Physiology, is, like its predecessors, thoroughly up-to-date. It needs no recommendations, as its distinguished author and the reputation secured through the publication of preceding editions is sufficient guarantee that the present work, thoroughly revised, is all that could be desired.

DISEASES OF THE CHEST AND THE PRINCIPLES OF PHYSICAL DIAGNOSIS. By George W. Norris, M.D., Assistant Professor of Medicine in the University of Pennsylvania, and Henry R. M. Landis, M.D., Assistant Professor of Medicine in the University of Pennsylvania, with a chapter on Electrocardiograph in Heart Disease, by Edward B. Krumhaar, Ph.D., M.D., Professor of Research Medicine in the University of Pennsylvania. Octavo volume of 782 pages, with 413 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$7.00 net. Half morocco, \$8.50 net.

To those who desire a book on diseases of the chest and the principles of physical diagnosis that seems to meet every requirement, we unhesitatingly recommend this new book by Norris and Landis.

It deals with the physical diagnosis of the heart and lungs in health and disease, and the aim of the authors has been to make it practical from every standpoint. The chapters on palpation, percussion, and auscultation are well written and especially comprehensive, and deal with a subject that in the ordinary textbook receives but little attention.

Part 2, dealing with the examination of the circulatory system; Part 3, with diseases of the bronchi.

lungs, pleura and diaphragm, and Part 4, with diseases of the pericardium, heart, and aorta, are very well written and leave little or nothing to be desired for the student or practitioner who wishes to secure something on the subject that is comprehensive yet practical.

The book contains a wealth of illustrations, all excellent, and the photographs of frozen sections are especially valuable in elucidating the text. The work is excellent from beginning to end, and we can scarcely see where it could be improved.

TECHNIC OF THE IRRIGATION TREATMENT OF WOUNDS BY THE CARREL METHOD. By J. Dumas and Anne Carrel. Authorized translation by Adrian V. S. Lambert, M.D., Acting Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York. Price, \$1.25. Paul B. Hoeber, publisher, New York, 1917.

Every doctor is interested in the Carrel treatment of war wounds. This little volume, written jointly by a colleague and by the talented wife of Dr. Carrel, who has been an assistant in all the Carrel researches both in this country and in France, describes in a clear and concise way the technic employed in treating war wounds by means of Dakin's solution. The book was written primarily for the information of nurses, and in no way supplants the more comprehensive work on the same subject written by Dr. Carrel himself, under the same publisher, and entitled "Treatment of Infected Wounds."

This book will be found interesting to physicians whether engaged in military service or not, for the Carrel method is applicable to industrial and other accidental wounds, and the description as given will enable the physician to practice it with exactness.

The appendix describes Dakin's solution and the manner of preparing it, as it also describes the method of gaining knowledge concerning the degree of infection of the wounds at the beginning of and during the course of the treatment. The glossary shows the translation of various French terms to English.

In passing it may be remarked that the success of the Carrel treatment depends on the intelligent cooperation of nurses and assistants, as well as on the surgeon's skill. Consequently, this little book may well be used as a textbook by nurses and assistants as well as by the surgeon himself.

THE ROENTGEN DIAGNOSIS OF DISEASES OF THE ALIMENTARY CANAL. By Russell D. Carman, M.D., Head of Section on Roentgenology, Division of Medicine, Mayo Clinic, and Albert Miller, M.D., First Assistant in Roentgenology at the Mayo Clinic. Octavo of 558 pages with 504 original illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$6.00 net; Half morocco, \$7.50 net.

If one were asked to point out the most valuable feature of this excellent work of Dr. Carman's, he would probably say that it appeals because of the fact that it is founded not only on wealth of material for examination, but also on an extensive, impartial analysis of such material, to a great degree, by means of the operating table. To make a roentgen-ray diagnosis of a gastro-intestinal lesion is one thing, but of infinitely greater value is the opportunity of correlating such diagnosis with all the other findings and ultimately having such findings carefully checked up at the hands of most competent surgeons.

Another of the particularly pleasing features of the work is the modesty of the author who so freely renders credit to those to whom it is due. For instance, the graciousness with which he treats Cole's direct method of diagnosing duodenal ulcer, at first distinctly discounted by many eminent roentgenologists, as well as the author himself, and which he acknowledges now to stand first among the roentgenologic signs of this lesion.

A very definite stand is taken concerning the value of fluoroscopy in conjunction with the plate method for diagnosing gastro-intestinal conditions and doubtless the author's stand should be accepted as thoroughly well taken. There is no question but that problems of motility and peristalsis can best be studied by the fluoroscope, even better than by serial radiography alone.

Unfortunately a few typographical errors have crept in to mar the bookmakers' work, but these will doubtless be corrected in future editions.

CLINICAL CARDIOLOGY. By Selian Neuhof, B.S., M.D., Visiting Physician Central and Neurological Hospital; Adjunct Attending Physician Lebanon Hospital. Cloth, \$4.00. The Macmillan Company, Publishers, 66 Fifth Avenue, New York, 1917.

It was the purpose of the author to furnish in this new work a "comprehensive, practical reference book" on cardiac disease which would serve the purpose of both the practitioner and student. He has, therefore, written from the standpoint of the clinician rather than of the cardiologist.

Some idea of the scope of the work may be gained by a brief reference to the subject matter contained in the various chapters. The first two chapters deal with the heart and the conduction system. The next chapters in order give polygraphic tracings, the electrocardiogram, mathematical considerations underlying the electrocardiogram, and course of the excitation wave. Then follow two chapters on the arrhythmias. Then a chapter on orthodiascopy and fluoroscopy, and another on physical examination of the heart. The next deals with the etiology of endocarditis and of cardiovascular disease. Next comes a brief chapter on the pathology of the endocardium and myocardium—of cardiosclerosis. The next two chapters discuss endocarditis. Then comes a very interesting and very important chapter on cardiac syphilis. The next chapter contains a general discussion of symptomatology, physical signs, diagnosis, prognosis of myocarditis and cardiosclerosis. The next few chapters deal with the therapy and management of cardiac disease. The next chapter is on blood pressure, the following one on "weak" heart, and the next one on precordial pain of cardiovascular and extracardiac origin, including angina pectoris. The concluding chapter is on the treatment of pneumonia from the circulatory standpoint.

At the end of each chapter is a complete bibliography of the important literature bearing on the subject matter treated therein. There also are a large number of illustrations which add very materially to the value of the work.

A book containing such a wealth of useful information ought to be in the hands of every practitioner and practically every student. It is one of the best works of its kind to be had, and reflects credit not only on the author but on American medicine and American medical literature.

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ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879.

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THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 25, 26 and 27, 1918

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ORIGINAL ARTICLES

PROSTATIC HYPERTROPHY *

W. N. WISHARD AND H. G. HAMER
INDIANAPOLIS

The former conception of the prostate as being composed of two lobes has been replaced by picturing that organ as divided into four lobes according to the zones of glandular distribution. The divisions are now generally defined as a posterior lobe, that portion of the prostate situated behind the ejaculatory ducts and coming in contact with the urethra below the verumontanum; a middle lobe, which lies in front of the ejaculatory ducts and behind the urethra; and lateral lobes, which form the lateral walls of the urethra, fusing anteriorly to form the roof. In addition there is a small group of glands (subcervical) which lie just beneath the vesical orifice. It is generally accepted that the middle lobe is the starting point of prostatic hypertrophy.

The pathological changes involve a general enlargement of the entire organ or the increase in size may be confined to one or both lateral lobes or to the median portion.

The character of the enlargement and its size and consistence depend upon which of the normal tissues of the prostate have been chiefly affected by the process of hypertrophy.

Of greater importance than the size of the prostate is the change it works upon the urethral outlet of the bladder. Under normal conditions the vesical orifice is on the same plane as the floor of the prostatic urethra, the latter being capacious and distensible. By the changes of prostatic enlargement the vesical orifice is elevated and contracted by the encroachment of a concentric growth or by fibrous thickening

due to cystitis or prostatitis, or is partially or entirely closed by the valve-like obstruction of a small or large intravesical middle lobe growth.

The symptoms of prostatic hypertrophy are those mainly due to mechanical obstruction, but are augmented by infection, producing pain and frequency of urination with purulent or decomposed urine. It is apparent that the severity of symptoms will ordinarily bear a direct relation to the character and degree of obstruction. This does not necessarily indicate the size of the growth, as the growth may be a small pedunculated middle lobe acting as a ball valve obstruction, producing complete retention, and if the element of infection be added the symptoms of pain and urgent desire to urinate will become extreme, whereas a symmetrical general enlargement may reach an enormous size without producing more than slight increase in the frequency of urination.

Frequency of urination, particularly noticeable at night, is a symptom peculiar to prostatic hypertrophy, and the frequency in urinating is proportionate to the amount of residual urine, the bladder capacity and the degree of infection. In the early stages when obstruction is slight, the frequency may amount to no apparent increase in the daytime and probably not more than once or twice at night.

As the growth increases in size and venous congestion is added or infection with cystitis occurs frequency of urination becomes markedly increased until the individual is passing small amounts of urine several times an hour.

Why frequency of urination should be greater at night than in daytime is not easily explained. It may be that it is not actually greater at night, but more noticeable because the patient's rest is disturbed. But in many cases the sleep is not disturbed for several hours, following which the intervals between the acts of urination are much shorter for the remainder of the night.

* Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

It is possible that the overfilling of the bladder during the early part of the night is accompanied by circulatory engorgement of the prostate and adjacent bladder region, which adds to the obstruction preventing the usual freedom of urination. The added accumulation of residual urine leaves but small space between mean and extreme capacity of the bladder and the urine must be voided oftener.

Finally, as the amount of residual urine increases a point is reached where very little urine is passed voluntarily, but as a more or less constant dribbling.

Difficulty of urination is caused in the first place by obstruction to the outflow of urine and is evidenced in beginning prostatic hypertrophy by difficulty in starting the stream. Later on, the continued efforts and straining against the obstruction result in a weakened condition of the bladder wall and a consequent lack of force and size of the stream, also the final muscular contraction at the close of urination loses its impelling force and the stream ends not in a jet, but a dribble.

Pain is generally a consequence of infection with cystitis and urethritis, and may be present during or at the close of urination as a burning or scalding, but is sometimes constant in the form of a dull aching in the rectum, perineum or glans penis.

When vesical calculus is present as a complication, pain is characteristic of this condition, caused by irritation of the foreign body against the congested bladder mucosa.

Hemorrhage is not usual at the end of urination unless the enlargement of the prostate is complicated by vesical calculus, papilloma, or ulceration, or injury to the mucous membrane has been produced by the passage of urethral instruments. However, hemorrhage occasionally exists as a prominent symptom and is due to the giving way of small varicose veins in the mucosa over the surface of the enlargement.

Changes in the urine are characteristic of the renal and bladder changes caused by the obstruction to the outflow from the bladder. In well advanced cases with a considerable amount of residual urine where infection has not yet occurred, the urine is likely to be fairly normal in appearance but low in specific gravity and deficient in solids with a moderate number of renal, bladder and prostatic epithelia present. When infection has occurred, decomposition takes place within the bladder and the urine becomes purulent and offensive in odor.

DIAGNOSIS

Gradually increasing frequency of urination, particularly at night, in a man past 50 years of age, should always suggest the presence of hypertrophy of the prostate. Digital examination, per rectum, of the prostate and the use of the catheter to determine the presence or absence of residual urine are usually the first steps toward diagnosis.

Rectal palpation gives a general idea of the outline and size of the prostate, also its consistence, elasticity and conformity. It cannot be depended upon as giving much information of value in determining the character or amount of obstruction produced.

By the introduction of the catheter the permeability and course of the prostatic urethra, the muscular tone and contractile power of the bladder, the bladder capacity and the urethral length are determined in addition to ascertaining the amount of residual urine. (Frequently occurring infection and other disturbances from improper catheterization justify emphasizing the fact that the introduction of the catheter should be undertaken with every precaution to prevent irritation and infection. This is especially important in cases with dilated and uninfected bladders. Such individuals are peculiarly prone to infection and the too rapid emptying of the chronically distended bladder frequently results fatally. The sudden withdrawal of support to the blood vessels of the upper urinary tract produces an active congestion favoring infection if not immediate hemorrhage. In such cases the bladder contents should be withdrawn very gradually, a few ounces at each catheterization, or if entirely emptied at once the bladder should be partially filled with a mild antiseptic solution.)

The patient is directed to void as much urine as possible and a catheter is then gently introduced and the amount withdrawn indicates the residual. This should be confirmed by more than one examination, as the amount of residual urine may vary from time to time with conditions affecting the congestion of the prostate.

While the urine is flowing observation should be made of the force or whether it is necessary to make pressure above the pubes to completely empty the bladder. With the catheter still in position the bladder capacity is tested by injecting as much as can comfortably be retained of some mild antiseptic solution and making note of the amount thereof.

The approximate measurement of the urethral length is obtained by slowly withdrawing the catheter to a point where the flow of urine is

barely allowed to continue from which the urethral distance is measured when the catheter is removed. With a catheter marked with graduations the urethral length may be determined at once. The soft rubber catheter here presented was devised by Dr. W. N. Wishard¹ several years ago. It is graduated in centimeters. The normal urethral length is between 18 to 20 cm. (about 8 inches) and any considerable elongation signifies that much increase in the length of the prostatic urethra.

The information obtained by rectal palpation and the use of the catheter gives only a general idea of the character of the obstruction and its

enlargement suggests the existence of some other condition such as neoplasm of the bladder. In such cases cystoscopic examination is of great importance. In malignancy of the prostate it is probable that more reliance can be placed upon the texture of the growth as felt by rectal palpation than upon the appearance of the growth as seen by cystoscopic examination, but where extension within the bladder exists the cystoscope will usually disclose it.

TREATMENT

Palliative treatment includes efforts to build up the patient's general physical condition by

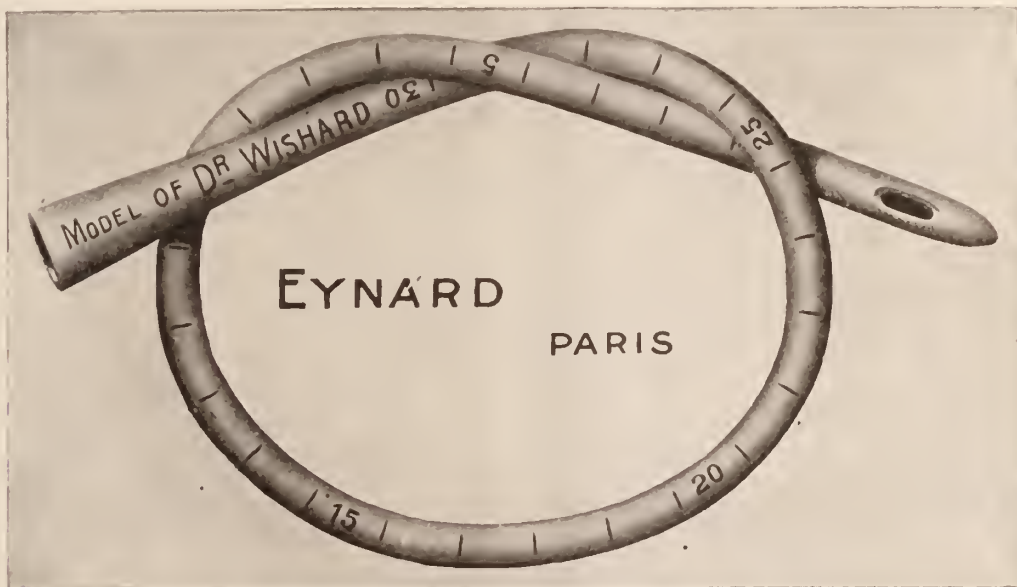


Fig. 1.—Dr. W. N. Wishard's soft rubber catheter graduated in centimeters.

relation to the outlet of the bladder. By the use of the cystoscope much more exact information is obtainable. The size and shape of the growth as well as its position in relation to the vesical orifice are made out with a fair degree of accuracy.

Cystoscopic examination will also detect changes in the bladder wall due to the obstruction and consequent overwork characterized by trabeculae and diverticula. Calculi that could not be felt with a stone searcher, on account of the depth of the post prostatic pouch, may be discovered by the use of the cystoscope.

By the use of the Wappler irrigating cystoscope with short focus lens, the entire prostatic urethra as well as the bladder may be studied.

Profuse hemorrhage accompanying prostatic

attention to the diet, the skin and the bowels, and the correction of an irritating urine, but more particularly the use of the catheter for periodic emptying of the bladder.

The frequency with which the catheter should be used depends upon the amount of residual urine and whether or not infection is present, but in any case often enough to prevent overfrequent urination.

If retention is complete and no urine passed voluntarily the catheter will have to be used several times a day. When infection and cystitis occur the catheter should be used still oftener to insure bladder comfort and irrigations of the bladder with a mild antiseptic solution will become necessary.

The selection of a catheter for a man who is beginning catheter life is a matter of considerable importance. The plain, soft rubber

1. Catheters, Sounds and Drainage Tubes; Their Selection, Care and Use, Jour. Ind. State Med. Assn., April, 1911.

catheter is best, provided the urethra will permit its passage. Where the urethra is distorted, angular or compressed, the selection of a suitable catheter is difficult. A variety of catheters should be tried until one is found to pass easily; first the elbowed soft rubber catheter, then the single and double elbowed woven catheter and occasionally the long curve metal prostatic catheter.

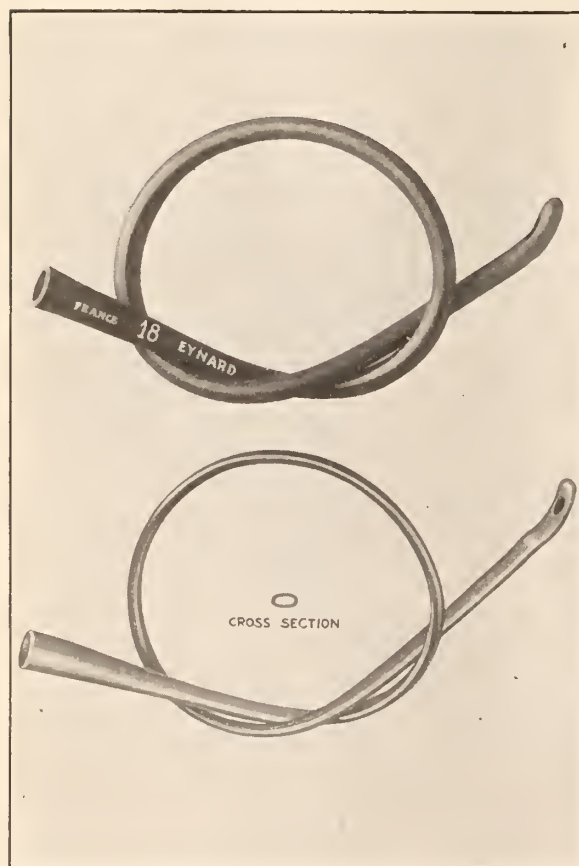


Fig. 2.—(a) Soft rubber coude catheter with eye on convex side. Model of Dr. W. N. Wishard. (b) Flat woven prostatic catheter devised by Dr. W. N. Wishard for prostatic cases with acute retention, or where catheterization is difficult.

The flat woven elbowed catheter designed by Dr. Wishard¹ has a wider range of adaptability in difficult cases than any other.

With the establishment of catheter life, precautions toward safeguarding the patient are necessary.

In addition to being taught to handle his catheter in an aseptic manner, he should know the danger of intemperance in both eating and drinking; that he should avoid constipation, fatigue, chilling and taking cold, all of which contribute to his bladder discomfort.

Palliative treatment should be in the majority of cases a temporary measure. With the knowl-

edge that life after becoming dependent upon the catheter is on the average not over five years and considering the restrictions its use places upon them most men will submit to operation to get rid of the frequent use of the catheter.

Palliative treatment thus becomes in a large percentage of cases preparatory treatment for radical removal of the obstruction.

As soon as the obstruction has progressed to the point of making frequent use of the catheter necessary, operation should be decided upon. It is in the early cases where the bladder and kidneys have not become permanently damaged by back pressure and infection that the best results are obtainable. In more advanced cases palliative treatment, with a view to improving the patient's condition, should be carried out more elaborately and includes prolonged catheter drainage, bladder irrigations, rest, attention to the bowels and skin, and the administration of urinary antiseptics. These measures will often improve conditions sufficiently to make operation fairly safe in an otherwise hazardous case. Observation of the pulse and temperature, quantity and character of the urine and condition of the urine as found by analysis, together with the patient's general state of health, aid in deciding upon his fitness for operation. The phenolsulphonaphthalein kidney function test is a valuable adjunct to the ordinary diagnostic measures. The ease with which it is carried out and the reliability of its results make it superior to other tests of this kind.

It has been our custom not to operate on these cases at once, but to put them under preparatory treatment consisting of continuous catheter drainage, frequent bladder irrigations or drainage by a preliminary suprapubic cystotomy. Also the internal administration of urinary antiseptics, and keeping them under observation for a few days, during which time the urine is studied and phenolsulphonaphthalein kidney function tests are made and the time of operation decided upon whenever conditions become favorable.

Prostatectomy is not an emergency operation. Should complete retention occur and catheterization be impossible the suprapubic puncture with trocar and cannula may be resorted to as devised and practiced by Dr. Wishard² twenty-two years ago, or a suprapubic cystotomy may be done under infiltration anesthesia giving free drainage and opportunity for the patient to recover from the results of renal compression

2. Oct. 13, 1891, Jour. Cutan. & Gen.-Urin. Dis. (Vol. X, p. 105).

and the obstructing growth may be enucleated later under more favorable conditions.

The choice of operation for radical removal of the hypertrophied prostate depends somewhat upon the nature of the case and the character of the enlargement, but mainly upon the surgeon's familiarity with and skill in performing any one of the several operations in common practice.

Great variation of opinion has existed among prominent surgeons as to the best method of operating.

The Bottini operation for electrocautery incision of the obstructing prostatic tumor has to its credit many successes and was attended with moderate operative risk. This procedure had for a time many adherents, but it has fallen into disuse especially in this country, as have also other galvanocautery operations except in selected cases.

The earlier operations for removal of obstructing prostatic growths were by suprapubic route, and opinion was for many years in favor of this method. The development of the median perineal operation, as suggested a number of years ago by Gouley and first put into practice by Wishard³ and Goodfellow and later by Alexander, Bryson and others, bid for an equal share of favor with the suprapubic method.

The brilliant work of Young⁴ in his operation of extracapsular enucleation with a great lowering of operative mortality, brought controversy for a time as to which of the perineal operations should become standard.

The great success of Freyer⁵ in suprapubic prostatectomy bringing the operative mortality in his series of 1,000 cases down to 5½ per cent., revived the interest of surgeons favorably to the suprapubic method.

A factor which contributes to a lowered mortality is that as the operation becomes more widely known and more popular, patients seek relief at an earlier period while their condition is good and with much greater prospect of success.

Increased experience, improvement in details of preparatory and after treatment, better nursing, etc., have contributed much toward lowering the death rate.

The recent developments in the pathology of prostatic hypertrophy show much in favor of the upper operation in the majority of cases, and the weight of opinion at the present time is in favor of the suprapubic operation.

As shown by Geraghty and accepted by Tandler and Zuckerkand, the posterior lobe is probably never involved in hypertrophy, and it is in the middle lobe that this process usually has its beginning. It is apparent then that obstruction of the urethra will often be produced before other portions of the prostate are much involved. The presence of a small middle lobe growth producing partial or complete retention, will be found easy of removal by either suprapubic or median perineal section, but would hardly warrant the wide dissection of perineal tissues and passage through the remaining normal prostate as contemplated by the extracapsular operation. Cabot⁶ summarizes the relative merits of the suprapubic and perineal operations as follows:

"The suprapubic route is the anatomically correct approach. It attacks the hypertrophied portion at the point where it can be reached with less destruction of tissue and with the greatest certainty of complete removal of the obstructing portion. It does less damage to other structures, interferes less with other functions and is followed by fewer complications. It is more certain to result in cure.

"The perineal operation shows at the present time a definitely lower mortality. It is a more difficult surgical procedure, no matter what technic be selected. It is more likely to do damage to other structures and functions and is less certain to result in cure."

The technic of the perineal operation after the method devised by Dr. Wishard is as follows: Median perineal section and dilatation of the prostatic urethra and vesical orifice, and entering the capsule by opening the lateral wall of the urethra with a knife, scissors, or the enucleating finger below the growth where the apex presents and separating the growth first from its surgical capsule and lastly from the urethra. The growth may become broken up or will be detached en masse. If care is exercised little or no urethral mucous membrane need be removed. In one series of 50 prostates of Dr. Wishard's specimens examined by a pathologist only 10 per cent. show the presence of mucous membrane.

Perineal drainage is kept up for several days through a large rubber tube, which helps in shaping the new vesical orifice. It is then replaced by a smaller tube and this in turn after a few days by catheter drainage through the urethra.

3. Trans. Mich. State Med. Soc., 1895 (Vol. XIX, p. 68).

4. Jour. A. M. A., Feb. 15, 1908 (Vol. L, p. 518-521).

5. London Lancet, 1912, p. 447.

6. Lancet Clinic, March, 1913.

Healing usually takes place rapidly and patients are generally able to void naturally at the end of three weeks, with no leakage through the perineum. Fistula occasionally persist for a short time, but excision of the scar tissue and the placing of a few sutures has sufficed to close them. Incontinence, or a slight dribbling of urine, often exists for a short time, and in the few instances where it has tended to be

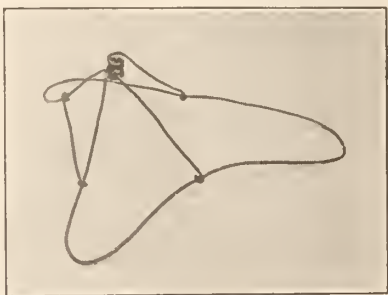


Fig. 3.—Hamer wire anchor for inflated bag; length, $7\frac{1}{2}$ inches; width, 7 inches; height, $3\frac{1}{2}$ inches.

more persistent complete restoration of bladder function has usually been obtained by the occasional dilatation of the deep urethra with full sized sounds or the Kollman dilator.

In suprapubic prostatectomy enucleation is begun by inserting the finger into the vesical orifice and breaking through the urethra anteriorly at the point where the lateral lobes lie in opposition or at the most available point of cleavage. The finger frees the lateral lobe in front and at the side and the lobe is delivered into the bladder. The finger is next carried around below the median lobe, the other lobe is then loosened and the prostate tipped up in the bladder and the urethra severed close to the median lobe posterior to the colliculus. Or the enucleation can be made en mass. An irregular cone-shaped cavity remains.

The internal sphincter usually remains intact and soon contracts to normal caliber. The cavity eventually contracts and the torn mucous membrane of the bladder unites with that of the severed urethra. For the control of hemorrhage any one of several methods may be used, namely, gauze packing, suture of the torn mucous membrane, implantation of fat, or pressure by means of the Hagner bag. The latter method is used as a routine and is applied as follows:

A curved staff is inserted through the urethra and its tip made to protrude from the bladder through the suprapubic opening. The tube attached to the Hagner bag is pushed over the tip of the staff and the latter withdrawn, thus bringing the bag into the bladder.

The bag is inflated by injecting air with a

large syringe and drawn into and against the vesical orifice, and fixed in position by applying the Hamer wire anchor, a description of which was published in *The Journal of the American Medical Association*.⁷

A slender piece of tape or silk suture is attached to the loop on the bag and this tape is brought up through the Freyer tube and tied to one of the skin sutures. After closing the suprapubic wound snugly around the Freyer tube and applying the dressing the operation is completed.

No irrigations of the bladder are necessary. The securely anchored rubber bag prevents hemorrhage and the drainage of urine soon becomes clear.

After a few hours the clamp on the tube is loosened and the air allowed to escape. If hemorrhage recurs it can be reinflated and anchored until sufficient time has elapsed to insure control of bleeding. If no bleeding occurs in from twelve to twenty-four hours the bag is deflated and removed by the tape attached through the Freyer tube.

In two or three days the large tube is removed and a smaller one substituted, and after several days a catheter is anchored and suprapubic drainage dispensed with.



Fig. 4.—Wire anchor in position before application of outer dressings.

Irrigations are usually not necessary during the first week or ten days. If infection occurs the bladder is irrigated two or three times daily and urotropin in 10-gr. doses is given three times daily before meals, and monobasic sodium phosphate, 15 gr., in a glass of lemonade two hours after meals, and free water drinking encouraged.

It is often of advantage to further fortify the patient against renal collapse by the administration of normal salt solution by slow proctoclysis once or twice daily.

⁷ June 9, 1917, p. 1694.

The ability to void usually returns with closure of the suprapubic wound, and good control is the rule.

Fistulae after suprapubic prostatectomy do occur, but probably not in the same proportion as after perineal operation, though none of either in our cases have been permanent. Rectovesical or urethral fistulae have not occurred.

Incontinence, quite common for a short time after perineal operations, has occurred occasionally after suprapubic prostatectomy, but has been temporary.

HYPERTROPHY OF THE PROSTATE GLAND *

CHAS. M. MIX, M.D.
MUNCIE

Just as most women at some time in their lives suffer from some form of womb trouble, most men after 50 years of age have trouble with their urine. The cause of this is usually an obstructing prostate. That there is a large number of these cases is a fact well known to the general practitioner. Many of these suffer with the same kind of fatalism that causes women to attribute their disability to "change of life" and "female weakness," and to accept their lot as inevitable and irremediable; they likewise think that urinary difficulties are the inevitable fate of old men and consequently fail to consult a physician until serious damage has been done. So at the outset we are handicapped in dealing with prostates by not seeing cases sufficiently early.

Prostatic hypertrophy is a misnomer. According to Judd and others, the pathological condition is not a hypertrophy, but a true tumor formation similar to the fibroid uterus, and like the fibroid uterus carrying with it its 10 per cent. of cancerous degeneration.

Clinically, the first symptom of the enlarged prostate is interference with urination; the stream is slow to start. The patient has to wait, and by pulling on the penis and retraction of the foreskin stimulates the act of micturition. The stream itself is smaller than formerly; it lacks force and ends in a dribble. This condition is usually worse in cold weather and the patient usually attributes his trouble to "taking cold" in the bladder. Next he notices that he gets up two or three times during the night to empty his bladder and often finds that his blad-

der empties best at the time of a free evacuation of the bowels. This slowing and frequency constitute the first stage of prostatism. Up to this time the patient, though with difficulty and inconvenience, succeeds in emptying his bladder, and there is no retention. This condition may continue for a number of years without getting worse, but as a rule the patient gradually lapses into a second stage of the disease. Now he does not completely empty his bladder with the act of urination, but a certain amount of residual urine remains in the bladder, due to the fact that the prostate pushes up into the bladder carrying the internal meatus higher than the base of the bladder, producing the so-called "bas fonde" of the older French writers. This is where the real trouble begins. Attacks of complete retention coming on at first at infrequent intervals now appear, and often the physician is first called in to relieve the emergency. This is the opportunity to tell the patient his real condition and advise him as to the dangers of procrastination. Too often the physician in answering these calls, which usually come in the middle of the night, is not prepared to do an aseptic catheterization, and consequently an infection occurs and cystitis is added to the sufferer's cumulating troubles.

The thing which causes permanent damage to the patient's health is the constant distention of the bladder. At first the bladder hypertrophies to meet the added work of forcing the urine through an obstructed urethra, but as in the case of a leaking mitral valve, the hypertrophy eventually fails to be effectual and we have a break in compensation, as it were, the bladder dilates to enormous size, the walls are thinned and trabeculated. The bladder loses its muscular tone, and we have great frequency with pain and tenesmus, sometimes a constant dribbling of urine. We should never forget that incontinence of urine in old men is usually the incontinence of retention.

Although the writers tell us that the bladder will rupture before fluid can be forced back through the ureteral orifices into the ureters, yet, as a matter of fact, changes take place in the ureteral orifices from the constant back pressure upon them which sooner or later allows the urine to back into the ureters and thus into the pelvis of the kidneys. This back pressure into the kidney pelvis results sometimes in enormous dilatation of the ureters and kidney, producing the condition of double hydro-ureter and double hydronephrosis. I recall a case of this kind that came to me for stomach trouble

* Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

with a diagnosis by his attending physician of cancer of the stomach. His vomiting was due to chronic interstitial nephritis in the thin shell of kidney tissue which still remained about the enormously dilated kidney pelvis and ureters. He died of Ludwig's angina before his uremia had a chance to carry him off. This without added infection of the genito-urinary tract, but purely from a long continued obstruction from a hypertrophied prostate.

It is remarkable, when the destructive processes of the kidneys is gradual in development, how long the kidneys will continue to functionate. The human organism is highly adaptable to unfavorable conditions. These patients get very thin, often losing almost every vestige of their *panus adiposus*. Look out for interstitial nephritis with or without an obstructing prostate in the old men who show progressive emaciation. The changes in the bladder, ureters and kidneys just enumerated are purely mechanical due to prostatic obstruction and its resultant bladder distention. When infection has been added the condition is much worse. Cystitis develops with frequency, often the patient passes water every five to fifteen minutes; he gets little sleep, suffers with pain and tenesmus almost constantly, with pain in the head of the penis which becomes almost agonizing at times.

It seems almost incredible, but nevertheless it is true that it is at this extreme stage that most cases are referred for surgical relief.

What shall we do with an old man who comes to us suffering from trouble with his water?

Young divides the symptoms of prostatism into four stages:

1. The period of urinary troubles, increased frequency and difficulty of urination.
2. A period of incomplete retention of urine without distention of the bladder and usually with some contraction of the organ.
3. A period of incomplete retention of urine with vesical distention and often intermittent complete retention of urine requiring the use of the catheter.
4. A period of continuous complete retention of urine and catheter life.

Who enters catheter life leaves hope behind. The average expectancy where the catheter is used by the patient himself is about two years. On the other hand, I have a case in the hospital that has been on catheterization which I have personally attended to once daily for twenty-one months and at the present time he is free

from pus or bacteria in the urine. He requires, however, courses of urotropin for a few days at frequent intervals, and occasional instillations of an organic silver salt. This is a case that on account of a very bad heart and his age, 82 years, operation has not seemed advisable.

There are two methods of surgical attack upon the obstructing prostate. The perineal and the suprapubic operation.

The perineal operation has been the one most popular in America, and has received the endorsement of such men as Young of Baltimore and Alexander of New York. W. J. Mayo defines the specialist as a surgeon who, taking an ordinary simple procedure, makes it so difficult that nobody but himself can perform the operation without killing the patient. This applies to the perineal prostatectomy. The results of this operation were not immediately successful as evidenced by the "median bar" operation which Young did as a secondary procedure in many of his cases.

Since the general adoption of the suprapubic operation and the acceptance of the dictum of Freyer of London, that the whole prostate must be removed in one piece, and that there was no harm coming from removing that portion of the prostatic urethra which was contained in the offending organ, a new era has developed in the surgery of the prostate.

The operation now in vogue and which has reclaimed prostatectomy from the field of the specialist and placed it in the hands of the general surgeon is substantially that devised by Freyer and practiced by the English surgeons for many years. Recently a few refinements have been added, notably positive control of hemorrhage by suture and less or no drainage of the suprapubic wound with positive suture of the bladder, for which we stand indebted to Judd of Rochester and Lower of Cleveland.

I never did but one perineal prostatectomy for which I apologize. This was in 1906. After that I resolved to leave prostatic surgery alone, which I did until 1915, when I took the matter up again from the standpoint of the suprapubic method. My perineal case lived many years a constant source of misery to himself and of embarrassment to his surgeon. It seemed to me ten years ago that prostatectomy did not justify itself. Now, however, the situation is quite different. We have succeeded in overcoming the three things that made the old operation so formidable and dangerous: (1) Shock from a long and technically difficult procedure; (2) hemorrhage inadequately controlled by packing; (3) infection.

The suprapubic operation can be easily completed in ten minutes, and is practically free from shock. The greatest help in preventing shock is the suggestion made by Crile and Lower of using novocaine in conjunction with nitrous oxid and oxygen anesthesia. These cases take nitrous oxid well and are saved the danger of ether to degenerated and poorly functioning kidneys.

By suture of the cut or torn edge of mucous membrane with a fine needle, complete control of hemorrhage is attained. The use of urotropin and the discarding of constant irrigation, the passage of sounds and the elimination of packs of gauze gets us to a large extent away from the danger of infection. Thus we have a safe operation available for the unhappy prostatic.

Certain factors mediate for success in these cases, besides the technic of the operation itself. First, early operation; the earlier the better. Just as in acute appendicitis operations before rupture carry almost no mortality, so in the early cases of obstructing prostate the mortality is almost nil, at least a fraction of 1 per cent. Second, two-stage operation. By that I mean suprapubic drainage in all cases of acute obstruction and dilated bladder. This procedure is best accomplished by the Lower cannula. The patient should then be given as long a time as necessary to recover from the depression following the release of back pressure and have his operation at a time when he is on the upgrade instead of on the down. This procedure alone has reduced the mortality to an amazing extent. Prostatectomy is never an emergency operation. Third, attention to the kidney function tests. Two are worth while, but like all laboratory methods, cannot be relied upon to the exclusion of general clinical data. The general health and appearance of the patient are after all the most important factors. The tests that are useful in determining kidney function are the phenolsulphonephthalein test and the determination of the urea content of the blood and urine. I will not go into detail here.

During 1916 I operated on five patients, all of whom came with acute obstruction; ages ranging from 62 to 78 years. All recovered and left the hospital in good condition and all but one are living today, free from urinary obstruction or bladder symptoms. One has since died of progressing interstitial nephritis. During this time I have seen three other cases, two of which absolutely refused operation. One of them is a constant inmate of the hospital and

under constant medical attention. The other is dragging out a miserable existence with a catheter which he uses himself and considers his best friend, but if he only knew it, his worst enemy.

The third case did not respond to suprapubic drainage and died six weeks later still possessing his prostate, from uremia and anuria, a terminal condition following a progressive infection of both kidneys. That I have refused operation to only one case out of six is proof that I have not been selecting cases with an eye to low mortality.

CONCLUSION

We have with us the victim of enlarged prostate that merits more attention from the general practitioner and the surgeon. He should be encouraged that at a small risk he can be permanently and completely relieved of "bladder trouble," and that the earlier the operation is performed the less danger. These cases left to follow the natural history of their disease find only suffering, invalidism, and premature death as their portion. An unrelieved obstruction leads to kidney degeneration, cystitis, pyelitis, pyelonephrosis, gradual destruction of functioning kidney tissue and finally kidney insufficiency, uremia and death. Many of the death certificates signed "Bright's disease" should really be unrelieved prostatic obstruction.

In talking with a large number of general practitioners I find an astonishing lack of interest in surgery of the prostate. This is not due to a lack of knowledge on the subject, so much as that as a result of unhappy experiences they have decided against operation in these cases, and prefer to have their patients take the chances of palliative methods and catheter life than to subject them to the dangers of radical operations. The experience of Dr. Sellers of Hartford City is typical. He said: "I sent away four prostatics for operation. None survived the operation long enough to come home. Then I quit referring the cases to the surgeon. Now they get along by palliative treatment." The general practitioner is in an expectant attitude. He is willing to be shown. It is up to surgery to demonstrate the value of the more recent methods of surgical interference in enlarged prostate. The best answer is a number of old men in each community who have been successfully relieved of their obstructing prostate and who will recommend the operation to other prostatic sufferers.

307 East Charles Street.

DISCUSSION OF PAPERS BY WISHARD AND
HAMER, AND MIX

DR. LOUIS FRANK, Louisville, Ky.: I wish to thank you for the courtesy you have extended me—I have only a few words to say. First, in reference to the Hagner bag. It has been a very great success, and we think that this bag with the device of Dr. Hamer is entirely without danger. We had abandoned it because of the pain it caused and the inability to always keep it tightly fitted into the cavity that was left after the prostate was removed.

I think that the question of even the diagnosis of prostatic obstruction, and as to what character of prostate we have causing the obstruction, is not always so simple as it would seem. I take it that the gentlemen who have read their papers this afternoon have had more in mind when speaking of prostatic obstruction, the obstruction produced by the adenomatous enlargement, and I take it that Dr. Wishard meant that these cases always should be cystoscoped, and that it took a cystoscopist who could read his findings. The middle bar, which may produce obstruction, and the small fibrous prostate that has by prostatitis produced obstruction, just as well as the adenomatous obstruction should be remembered, and the character of the obstruction must be determined always before attempting the operation. We hear a lot about the ease of the operation and about its mortality. I think that neither the perineal nor the suprapubic operation is a difficult operation. I think they both should be done, as there are circumstances under which either of them may be particularly indicated, and I think that we cannot have in mind and we cannot picture to our patients the mortality which is given in Young's statistics, or the mortality given in Freyer's statistics. The study of the statistics in a good many general hospitals has led me to believe that the mortality is much nearer to 20 or 25 per cent. than to Young's 3 and Freyer's 5 per cent. I think in the hands of good operators throughout this country and other countries that if we would take all the cases and estimate the mortality we would find that it verges very close if not quite to 10 per cent. If we take the general hospitals where there are men who operate—probably they are not special surgeons—the mortality will be tremendously higher.

My opinion is that we can say that if we have a question of hemorrhage the immediate danger is controlled through the Hagner bag. The other two dangers, to my mind the great danger, is primarily from the anesthetic and its subsequent effect, and in the preparation of the patient himself. We use for practically all of our work, and for much of our prostatic work, local

anesthesia. For all of our work when we do not use the local we use gas, oxygen and nitrous oxid for all of them, and we think that this eliminates the anesthesia danger. The administration of nitrous oxid is not a simple proceeding, but in the proper hands it works well. If we eliminate the danger from hemorrhage and the vast portion of the danger from anesthesia, why should we have a high mortality? I think it is because we do not properly prepare the patient. We are doing a great many two-stage operations, and by that I mean not only the introduction of a small catheter through a large trocar puncture, but opening the bladder so as to permit free drainage. We have not done any work in the administration of vaccines made from the bladder urine. We think that almost every individual may be prepared with proper time and proper attention so as to safely withstand a two-stage prostatectomy with a proper anesthetic.

We do not contend that our method is the best, but we have some very interesting observations on the subject, not only of prostatectomies, but of surgical cases generally in connection with renal function, and we were led to do this work through a study of renal function. We do, of course, make our phenolsulphonephthalein test, but we have found that in many cases that while this was an indication of the amount of work the kidney was doing, that it was not in all cases a safe method of evaluating the amount of nitrogenous products that were retained and that would be retained in the circulation. With an idea of estimating its absolute and accurate value, we made, running with this in a series of cases which is now somewhere over 100, in which the kidney function was studied and compared with the blood urea by the Ambard method and at the same time compared this by a study of the renal output as indicated by the phenolsulphonephthalein test. In many cases we found that this was so variable that in all the prostatic cases we have adopted this method. In many cases where there was practically no output with the phenolsulphonephthalein we have had excellent results, and we have had other cases which have had a sufficient amount of phenolsulphonephthalein to indicate that they could be operated on safely in which we withheld operation, and in one of these cases in which the blood showed that this case should not be operated we operated anyway, but lost our patient. We think these methods should always be carried out in conjunction with the proper preparation. The prostatic operation is never an emergency operation, and in this way Young and other surgeons have been able to obtain the very low mortality which they have. Without it the mortality will be out of all proportion to what it should be.

DR. C. W. DOWDEN, Louisville: It seems to be the consensus of opinion that the success or failure of prostatic surgery, or any other surgery depends not so much upon the type of operation selected or upon the skill of the operator, as upon the time selected to do the operation. As to prostatic surgery, I think all surgeons agree that the mortality depends upon some disturbance of renal function. It, therefore, behooves us to determine as nearly as possible before operation the kidney function. I have never been impressed favorably with the idea that any foreign substance introduced into the system would give us an accurate index as to the functional capacity of the diseased kidney. A year or so ago when the newer methods were perfected to the extent which they are perfected, the study of blood urea and the rate of urine urea under accurate methods and its increase being used in the coefficient of Ambard, it struck me as a reliable method of determining renal function, because it had to do with natural products. The function of the kidney has to do primarily with the excretion of the nitrogenous products, and anything which will interfere with that excretion, or when that excretion is interfered with, we know it must mean some disturbance of renal function. So we determined to try out in a series of 150 cases in which the blood urea and the coefficient of Ambard and the kidney urine were checked. Three cases in which there was no phenolsulphonephthalein at all, but in which the Ambard was constant, went on to a successful termination after operation without any uremia at all. In about five cases in which the phenolsulphonephthalein was only 75 to 80 per cent. we have had a disturbance of the Ambard coefficient from the standpoint of urea in the blood, and in all these cases with small phenolsulphonephthalein output there have been symptoms of uremia and in one case death. One thing that has impressed me has been the permeability of the kidney. I consider 80 per cent. just about as I do 50 per cent., and we have come to look upon any output above 80 as meaning a disturbance of function, usually due to an acute type of nephritis. It is hardly necessary to say that in many of these cases there has been absolutely nothing in the urine in the way of casts, cells, etc., to indicate that any such disturbance of function was present.

DR. MAURICE ROSENTHAL, Ft. Wayne: In a case of carcinomatous enlargement of the prostate which I had a good many years ago, I fastened in a catheter and a few days later put him on the table and proceeded to remove that prostate, which we accomplished with an ease that surprised us. By the way, he developed metastases in the long bone, and before he died had numerous fractures of the femur on turn-

ing in bed. That ended my prostatic surgery for some time.

I later went to Chicago and investigated the work of Alexander Hugh Ferguson who was doing quite successful work. For a number of years I followed his technic, an incision in the median line of the perineum and removal of the prostate, with very excellent and satisfactory results. Only a few days ago my assistant said: "Doctor, why are you doing a suprapubic operation now?" I have been doing the suprapubic operation for the last six or eight months. I said it seemed to me to be a more surgical procedure, not as a matter of consideration of the two operations, but just because it seems to me to be a little more surgical. The operation is a simpler operation. However, I can understand Dr. Mix's position. I have seen him work and he is a skilful surgeon, and he feels that if he can accomplish certain things that any surgeon ought to be able to do them.

The Hagner bag is of great assistance in the suprapubic prostatectomy. The incision which we use leaves a large opening in the bladder which closes slowly, but this bag or any other mechanical contrivance of this sort must not be relied upon exclusively in hemorrhage in the bladder any more than in any other place. Packing in any case is more or less of an emergency. Hemorrhage of the bladder following prostatectomy is largely venous and can be stopped with this contrivance, but if you rely upon it absolutely, every now and then you are going to have a fatal or near fatal accident. No man should do a suprapubic prostatectomy who cannot lay his field clear to introduce sutures in such a way as to control the more serious hemorrhage, and for that reason operations within the bladder should not be attempted by men who have not had a reasonable experience in pelvic surgery.

DR. P. E. McCOWN, Indianapolis: I want to make a date with Dr. Rosenthal sometime after this meeting and ask him how he places those sutures so he does not get hemorrhage. I have attempted to suture the prostatic cavity on numerous occasions and wasted fifteen minutes or half an hour, and finally packed them where I felt there was danger of hemorrhage. I believe Dr. Cabot gave that method a very thorough trial, but he has now adopted the Hagner bag.

Another thing I wish to mention is anchoring a catheter in the bladder after doing a prostatectomy. That is a dangerous operation and it means that if a hemorrhage occurs the patient must be removed to the operating room, the bladder opened and the Hagner bag introduced. I believe this method will prove a most complete method of hemostasis. About 1914 Dr. Barnett returned from Europe and told us that the Eng-

lish surgeons had become alarmed about the use of the catheter in the urethra following prostatectomy. They felt they would get an embolus from the catheter, and the catheter would disturb the clot. I had been using the catheter, but became alarmed and quit using them. Since that time I have not used anything in the suprapubic prostatectomy case except a suprapubic tube which is to help keep the bladder open and allow the egress of the blood clots. I have felt that the least amount of pressure and disturbance put upon the mucous membrane the quicker the recovery of the patient. The pressure encourages the growth of bacteria and pus, and since I quit using the catheter I have found that I had quicker healing of the suprapubic wound and since that time I do not use regularly any method of hemostasis. Before the general use of the Hagner bag I had to pack two cases with gauze, and used about two yards of it, and spent about half a day in getting it out, and I admit that the Hagner bag is the thing to use where there is any feeling of danger from the amount of blood welling up. Dr. Cabot says his cases must not lose any blood. I have been fortunate, perhaps, and have not lost any case from hemorrhage, so I do not use hemostasis except where it seems to be indicated from a considerable amount of blood. I think my success is due to the fact that I try to prevent disturbance of the veins, of which there is a large number. Concerning the perineal and suprapubic method of procedure, it seems to me there is one thing that should determine this. In senile hypertrophy of the prostate I think the suprapubic method is certainly the one of choice, and in the carcinomatous case. This usually attacks the capsule and it cannot be removed through the perineal opening, and there I believe that the suprapubic method is the only method to use.

DR. BERNHARD ERDMAN, Indianapolis: Dr. Rosenthal raised the question of mortality. I doubt very much whether there is a man in this room other than Dr. Wishard who ever did one hundred prostatectomies. I have had occasion within the last few days to look up the statistics of a number of noted prostatectomists and those of the French surgeons impressed me as being probably nearer the truth than any I have come across in a long time. I think personally that there is no doubt about the statistics of Young, due to his remarkable organization, but we will take Pauchet's statistics of 400 prostatectomies. Some of these cases he did not operate for as long as five and eight months after he made his preliminary opening. For his first 100, 10 per cent.; the second 100, 8 per cent.; the third 100, 6.4 per cent., and on the fourth 100, 4 per cent. When a man has done 400 prostatectomies and gets his mortality down to 4 per

cent., he is approaching the ideal. I have seen Freyer do a number of operations, and I do not believe his statistics of 5 per cent. in 1,000 cases, if end results are considered. He (Freyer) gives 6 per cent. Keyes says an average of 10 per cent. for the specialist and 50 per cent. for the general surgeon.

I wish to take up the question of renal function. Throughout this country there is no question but what you ordinarily can attach a great deal of importance to the phenolsulphonephthalein test. We can't all have the laboratory facilities we wish for. Dr. Dowden spoke of the importance of the urea, and blood urea and the creatinin in the blood as being important factors in determining the reserve forces of the kidney before operation. Nobody has stated that he has lost a patient on account of his chest, and I believe some of us have. The Ambard coefficient is undoubtedly of value, yet Keyes in his last book insists that we still abide by our old twenty-four hour specimen of urine and base our determination of the patient's ability to withstand any surgical procedure on the careful examination of this twenty-four hour specimen and on the experience which I believe will not come to the average general surgeon who does an occasional operation. Quoting Keyes (the Ambard's constant is not used in the United States), "It lacks supreme accuracy; it requires a relatively complex series of observations."

DR. L. F. SCHMAUSS, Alexandria: In listening to the discussion I was surprised not to hear the little operation of vasectomy mentioned. Some years ago some statistics were produced which showed that this is very valuable and we ought to give some consideration to this operation which gives no mortality. Of course this is not an operation of last resort; it should be done earlier. The few patients which I have operated on have done very satisfactorily, and if possible I would like to be encouraged in the performance of this operation in early cases.

It is said that this is a disease of old age but that is only true so far as the symptoms are concerned. The disease often begins in the twenties or thirties. I have had many cases where incontinence of urine has occurred in patients 25 years of age. One case is very typical and his father also. I don't think this is a disease that begins in advanced years and if we are going to operate the cases early the matter of sexual function is an important matter, and unless we can make some promise in this regard the operation should not be done.

Another danger is that of shock—not only the danger of the hemorrhage, but of shock during the operation which, of course, can be guarded against by careful work. We all know

the trouble this operation has given following extensive loss of blood, by producing shock.

DR. H. K. BONN, Indianapolis: I rather hesitate to say a word as I was trusting my friend, Dr. Erdman, to talk about coagulen, the use of the blood platelets in the prevention of bleeding following prostatic removal. Many of my friends have seen the action of the blood platelets either at the time of operation or following prostatic removal where the hemorrhage had occurred at from twenty-four hours to ten days. Dr. Erdman had a case in which, following the use of the Hagner bag, which was removed at the end of forty-eight hours, at the end of ten days the patient had a severe hemorrhage of the bowels, bladder and urethra, at which time he received a dose of coagulen and the hemorrhage stopped. It recurred ten days later and was again checked by an intravenous injection of coagulen. Dr. Erdman and Dr. Barnes will bear me out as to the facts in this case. I have also used the preparation for Dr. J. R. Eastman, Dr. T. B. Eastman and others, and have had satisfactory results in practically all instances. Since that time I have used coagulen as a tamponade in cases of prostatectomy, applying it to the bleeding surface, immediately on removal of the gland, in the form of a 10 per cent. solution, and have always been able to check bleeding in three minutes and obtain a dry field.

DR. H. G. HAMER, Indianapolis (closing): Dr. Frank has well stated the conditions which contribute to success in prostatic surgery; namely, careful preparation of the patient, wise selection of the anesthetic, whether it be general or local or a combination, and the control of hemorrhage at the time of operation. Those are the things which I think are the most important bearing on the success of prostatic surgery.

Relative to the mortality from prostatic hypertrophy, I believe I can safely state that in the last 200 cases our mortality does not run over 3.5 per cent.

Dr. Schmauss' question as to the effect of removal of the prostate upon the sex function may be answered thusly: There is no telling beforehand whether the sex function will be completely destroyed or improved. As a rule, patients have an impairment of the sex function accompanying prostatic enlargement. Some have no relief and others have considerable relief and restoration of sex function following operation. He asked about the effect of vasectomy on the hypertrophy and the obstruction from this cause. I did not know that vasectomy has been practiced recently with any hope of relief of prostatic obstruction. Some years ago Dr. White of Philadelphia advocated castration as a cure for prostatic obstruction. Some of these cases were relieved temporarily, but came to prostatectomy later, as the obstruction in-

creased or the growth became more definite and complete obstruction occurred. Relative to his question about the time of the appearance of prostatic obstruction due to enlargement or adenomatous growth of the prostate, I would say that in the majority of instances we do not find true adenoma or hypertrophy of the prostate beginning before 45 or 50. The obstruction of which he speaks is not hypertrophy or adenomatous growth, but is either contracture of the vesical orifice from chronic inflammation, or a growth of the subcervical glands which does not constitute hypertrophy of the prostate.

DR. W. N. WISHARD, Indianapolis: I have very little to add to the paper read by Dr. Hamer, which expresses my own views in reference to the present status of prostatic surgery. Some points have been suggested that it may be well to refer to, and I do desire to emphasize the value, the importance and the absolute necessity of palliative treatment as preliminary to any surgical attempt on the prostate. It has so often occurred in my own experience that I have been called to operate on cases of enlarged prostate out of the city, or a patient has been sent in with the request that they be operated—perhaps tomorrow. The fact is, no case of mechanical obstruction at the vesical orifice resulting from prostatic hypertrophy can exist for any great length of time without very appreciable impairment of the kidney function, and that impairment of function can be very greatly improved by proper palliative treatment. Some twenty-five years ago I read a paper before the American Association of Genito-Urinary Surgeons in which I reported a series of cases that had had long drainage, which I recommended, and it is a practice for which I have the utmost respect as preliminary to any surgical undertaking. That raises the question as to the length of time a patient should be given palliative treatment and how it should be followed up, and I wish to say that the proper adjustment of the proper kind of drainage will ordinarily be the principal preparatory feature of any kind of surgery of the prostate and indeed of any part of urinary tract. The catheter can be used often or continuously. I am very prone to anchor a catheter during the night, and let the patient have some freedom during the day. Some cases have to have the bladder function suspended by drainage all the time, and records accurately kept before and during such period of preliminary treatment show distinctly an improvement in the specific gravity, the percentage of urea, the diminution of mucus and pus, and bladder and renal epithelial cells, in the vast majority of cases. I only make these comments in emphasis of the fact stated in the paper, that very few cases of prostatic enucleation are or should be emergency operations. If an emergency opera-

tion is necessary it is usually a tapping, as the preliminary for catheter drainage in cases of acute retention where immediate catheterization is impossible.

As to the question of drainage referred to in Dr. Mix's paper and the question of perineal prostatectomy in which I have been greatly interested, I only wish to say that I have always regarded, and have always stated that I regarded the suprapubic method as the most thorough method of getting rid of obstructing tissue. I believe that the median perineal operation is one that can be done to a very great advantage in selected cases and I have done it more frequently than I have the suprapubic, but it has its disadvantages. I have never had a case in my own experience where there has been a perineal fistula following prostatectomy. I have had cases where there has been a little dribbling of urine—a few drops escaping when a patient gets up on his feet. I have had the same thing happen in my own cases and it has occurred with others after a suprapubic operation, and I know of at least half a dozen cases where Young's operation has been done that have subsequently been referred to me, where I have been requested to relieve the dribbling of urine and also a perineal fistula.

One statement in the paper of Dr. Mix in reference to the work of Dr. Freyer I wish to correct, and that is to say that Dr. Freyer is not at all entitled to the credit of standardizing suprapubic prostatectomy. Dr. Eugene Fuller published in his textbook the technic of suprapubic prostatectomy two years before Dr. Freyer wrote his paper about it. I happen to be personally acquainted with Dr. Ramon Guiteras of New York, who received from Dr. Freyer a request that he write out the technic of the operation, and he incorporated it almost intact in his first paper. He is not entitled to priority in the matter at all, but has done a tremendous amount of good work.

I believe that the suprapubic operation is the best. I have always felt that it was the surest method of getting a prostate out, but I have not always regarded it as the safest operation, and that is the reason why I clung so persistently and so long to the operation which I devised myself, of removing the prostate through a median perineal incision, which was described in the paper read by Dr. Hamer.

The adjustment of Dr. Hamer's apparatus has removed, or largely removed, one of the most serious objections to suprapubic prostatectomy, because it has made available a practical means of controlling hemorrhage by the correct adaptation and prolonged adjustment of the Hagner bag. As Dr. Hamer would have shown in the pictures, had it been possible for him to use them, he passes a long, curved staff through

the urethra up into the bladder, having the distal end of this staff project up through the abdominal wound, and there he slips the tube attached to the Hagner bag onto the end of the staff and draws the bag down into the bladder. When it is so adjusted the old method has been to strap it to the leg. Dr. Hamer's adaptation consists of a brace or cradle, which makes it possible to put this bag in position, bring it down and fit it accurately into the space from which the prostate has been removed, and then balloon it up by injecting air and anchor it with this wire apparatus (illustrating) and anchor it at this point by clamping. It takes all the weight off the meatus and penis and makes it possible to maintain the pressure at any degree you have adjusted it. It is a very admirable method of placing and retaining pressure. We had a case some months ago in which ten days after a prostatectomy, the patient had a sudden and very severe hemorrhage, but Dr. Hamer simply introduced the bag again and drew it down and stopped the hemorrhage.

One word in closing is to say that I am not by any means convinced that surgery of the eye, surgery of the nose and throat, and surgery of the ear is altogether legitimate surgery for the general practitioner. Neither am I convinced that surgery of the prostate is best done by the general surgeon. That does not imply that by having enough experience the general surgeon may not become skilled enough to operate on the prostate, but I think it is rather a hazardous thing to advise prostatic surgery for the general surgeon, for the reason that there is a very considerable detailed technic involved in the diagnosis, the proper treatment, and in the operation itself, which necessarily is a special department of work. We have with us today some very competent general surgeons who have become very good prostatic surgeons; I am not speaking of them. It is a question that requires a man to be a skilled cystoscopist before he undertakes to do work on the prostate, and it is an important thing that one should very carefully understand, and follow and cover as completely as may be other questions of pathology that are involved in the sometimes prolonged preliminary treatment. For example, prostatic hypertrophy as a result of pressure and obstruction is a not infrequent cause of the development of papillomatous growths on the bladder wall. These growths are not infrequently hidden behind intravesical elevations of the enlarged prostate and require not an ordinary but a considerable degree of skill in cystoscopic diagnosis to detect. It is desirable and usually possible to eliminate them by fulguration preliminary to any operation on the prostate. The mere fact that a patient has bloody

urine should always raise the question of the presence of papilloma or carcinoma and on the resultant cystoscopic diagnosis depends not infrequently the life of the patient. It is unscientific to conclude that because there is blood in the urine it is due to enlarged prostate alone. I am only stating a fact which I am sure you will all recognize when I say that general surgeons are not skilled cystoscopists. The average general surgeon may operate on a number of cases of enlarged prostate and get what he thinks are fairly good, and in many cases, excellent results, but he is absolutely sure sooner or later to lose a case for lack of detailed training and experienced application of the technic of cystoscopy, fulguration, functional renal elimination, urea estimates, and other important measures in the handling of these old men whose lives depend not alone on the fact that their bladders are opened and their prostates removed but on the larger and more important fact that the enucleation is done after proper preliminary treatment and careful and accurate determination of the exact time when the involved risk is as near a minimum as possible. After all it is the patient's interest that should be the principal consideration and it is an entirely proper question to ask whether the patient's highest interest is best conserved with or without a thoughtful, experienced and technical training and the proper deductions therefrom and the right application of the best means at the right time to secure his safety. I am very sure that in years gone by I have lost patients whose lives could have been saved before I had come to recognize the essential and unvarying relation of renal function, cystoscopic diagnosis and proper preliminary treatment. There are questions in this connection which are quite as intricate as those which the oculist has to solve. With profound respect for the general surgeon and intending only to express what I believe to be the absolute truth I would answer the question as to whether prostatic surgery is in the domain of the general surgeon by asking you and every thoughtful physician whether, if you were the patient, you would prefer to submit yourself to a general surgeon or to an experienced genito-urinary specialist if you were the victim of prostatic enlargement and its complicated and associated pathology. I can say these things with more frankness and freedom than some of my younger urologic associates and feel at liberty to because of my age and the fact that my professional career is nearing its close. If I knew this to be my last opportunity to address the Indiana State Medical Association on a topic in which I have been deeply interested for many years, I do not think I should state the matter differently.

COMPLEMENT FIXATION IN THE DIAGNOSIS AND PROGNOSIS OF TUBERCULOSIS *

VIRGIL H. MOON, M.Sc., M.D.

Associate Professor Pathology, Indiana University School
of Medicine

The earliest reference which I have found to demonstrating specific antibodies in tuberculosis is the work of Widal and Lesourd in 1901. In 1903 Bordet and Gengou demonstrated that specific antibody against tuberculosis was present in the serum of animals in which tuberculosis had been experimentally produced. Later in 1906 Wassermann and Bruck found that the serum of patients who had been injected with tuberculin contained specific antibody which could be demonstrated by complement fixation. These findings were sufficiently suggestive to cause experimenters to investigate the extent to which free antibody specific to tuberculosis may be found in the blood of tuberculous patients. The large number of reports on this point which have appeared in the past five years shows the thoroughness with which different phases of this point have been worked on. The most significant feature of these numerous reports is that, while there are differences in minor data, due evidently to the different methods and reagents used, they are unanimous in agreement that complement fixation under proper conditions gives positive results in the majority of cases of active tuberculosis.

The method employed in demonstrating antibody in tuberculous patients by complement fixation is essentially that used in the Wassermann test for syphilis, practically the only difference being in the antigen used. It is here that there occurs the widest variation in the technic of different investigators, but all reports agree in this: that some preparation of tubercle bacilli was the antigen used.

Caulfield and Beatty used "bacillin emulsion" and Koch's "old tuberculin" as antigen, and reported positive results in different types of tuberculosis ranging from 33 per cent. to 70 per cent. of cases.

Calnette and Massol used a special water and peptone soluble antigen with which they obtained positive results in 124 out of 134 cases of known tuberculosis, or 92.5 per cent. positive.

Besredka, another French investigator whose report was published soon after that of Calm-

* Read before the Marion County Medical Society on Dec. 4, 1917.

ette, used an antigen consisting of a heated filtrate of tubercle bacilli which had been grown on a special medium. With this he obtained positive results in a percentage of cases equaling that of Calmette. The striking point in Calmette's and Besredka's reports is that they were able to recognize a tuberculous infection in its incipency. They found the reaction strongly positive in incipient and early cases as well as in those well advanced. Furthermore, they found weakly positive or negative results most frequently in far advanced cases which were losing ground and progressing toward a fatal termination. On this point they laid stress, since it made the test valuable in detecting early or incipient tuberculosis, and by reason of the weakening of the reaction in far advanced cases the test seemed of prognostic value.

Bronfenbrenner, using a modification of Besredka's antigen obtained positive results in 75 per cent. of cases in which tuberculosis was merely suspected, and in 93.8 per cent. of active cases. Convalescent cases who at the time of test had no symptoms of tuberculosis gave a positive test in 55.5 per cent. of cases. From this one is tempted to draw the conclusion that a negative or weakly positive test in a convalescent is of favorable prognostic significance, while in a far advanced or rapidly progressing stage of the disease the same result would warrant a grave prognosis. Bronfenbrenner found that about 24 per cent. of syphilitic sera gave a positive test by complement fixation for tuberculosis. He believed that these false positives by cross fixation could be eliminated by extracting from the antigen the lipins which he considered responsible for the fixation with syphilitic serum. This view seems to be substantiated by his later work.

Inman, using Besredka's antigen, obtained positive reaction in ninety-five out of 100 cases of pulmonary tuberculosis. Of suspected cases in whom there were no definite symptoms 60 per cent. gave a positive test. Of 100 cases in the hospital for other conditions than tuberculosis, 24 per cent. were positive. He concluded that a positive test should be considered as evidence of an active tuberculous focus, while a negative reaction indicates either a healed tuberculosis or absence of tuberculous infection.

Debains and Jupille, using Besredka's antigen, obtained positive results in 90.5 per cent. of cases in the first and second stages, and in 81.3 per cent. of cases in the third stage. Patients ill of other conditions than tuberculosis were positive in 17.3 per cent., while normal individ-

uals were positive in 3.2 per cent. of cases. They found that Wassermann positive sera gave 24 per cent. positive results with tuberculous antigen.

McIntosh, Fildes and Radcliffe after experimenting with various antigens concluded that an emulsion of living virulent tubercle bacilli constituted the best antigen. They reported positive results in pulmonary tuberculosis in 76.7 per cent. of cases; in "surgical tuberculosis," 80.7 per cent, while among eighty-seven control cases there were only three positives. It is of interest to note that two of these three cases were lepers, while the third was Addison's disease, which should be considered as tuberculosis. They regard a positive test as indicative of active tuberculosis.

Corper claimed best results with an antigen in which tubercle bacilli were allowed to autolyze for a number of days in salt solution. His percentage of positive results was not so great as that of others—possibly due to the fact that his antigen was prepared from a single strain of tubercle bacilli, while most investigators agree that a mixture of a number of strains is necessary, preferably including one or more strains of the bovine type of bacilli. Corper also reports a large percentage of false positives resulting from cross fixation with syphilitic serum, and concluded that this occurred with sufficient frequency that in the presence of a positive Wassermann test a positive result with tuberculous antigen must be regarded as inconclusive.

Miller and Zinsser reported a remarkable series of tests, using as antigen tubercle bacilli from a large number of strains ground in a dry state with salt, then suspended in distilled water. This antigen has the advantage of extreme simplicity in its preparation. They reported 284 cases of pulmonary tuberculosis in which positive reactions resulted in 97 per cent.; 140 doubtful and suspicious cases gave positive results in 22.8 per cent.; 113 inactive or arrested cases were positive in 9 per cent., while 144 non-tuberculous controls were uniformly negative. Of 45 Wassermann-positive sera, only 2 were positive with their antigen. They stated that tuberculosis could not be positively excluded in these 2 cases.

Burns and his collaborators, using Miller's antigen above described, obtained equally consistent results, though their percentage was slightly lower than that of Miller and Zinsser. They found that far advanced cases gave weakest reactions. They regard the complement-

fixing substance in the blood as evidence of the patient's resistance and ability to form antibodies. In support of this they have noted that patients who are holding their own or gaining ground give the highest percentage of strongly positive tests, while those who are losing ground give the highest percentage of weakly positive or negative reactions. They interpret this as revealing the amount of resistance which the patient has available with which to combat the infection. Their view seems logical since we can readily understand how, when the system is being overwhelmed by the infection, the antibodies which the system may form will be combined as fast as formed with the products of the bacilli, leaving in the blood no free antibodies which can be demonstrated by complement fixation. These authors also noted that syphilitic sera gave a considerable percentage of false positives with tuberculous antigen.

Dudgeon, Meek and Wier after experimenting with a number of antigens published their highest percentage of positive results from an alcoholic extract of tubercle bacilli. This gave 89.3 per cent. of positives out of 234 cases of known tuberculosis.

Major Chas. F. Craig, U. S. A., whose work on the Wassermann test has received much attention, has made several reports on complement fixation in tuberculosis. The antigen used was an alcoholic extract of tubercle bacilli containing many strains including some of the bovine type. His results are summarized in three groups.

Group 1 consisting of 209 cases of known tuberculosis. Incipient cases active, 96.7 per cent. positive; moderately advanced active, 98.3 per cent. positive; far advanced active, 96.3 per cent. positive. Inactive and arrested cases showed a much lower percentage.

Group 2, consisting of 450 patients with some other clinical diagnosis than tuberculosis, including syphilitics: 4.4 per cent. positive; 350 cases of syphilis, 5.4 per cent. positive; four of these cases afterward were diagnosed as active tuberculosis by the finding of tubercle bacilli in the sputum.

Group 3, consisting of 200 young, healthy soldiers. One case, or 0.5 per cent., gave a positive test, and this soldier afterward developed active clinical tuberculosis.

Craig states that this test will not give positive results in other conditions than tuberculosis, and that his results, together with those of others whose work he reviews, demonstrate that complement fixation in tuberculosis has

reached the stage where it can be used with confidence by practitioners in the diagnosis, and as a criterion of cure in tuberculosis; that a positive test means the presence of an active tuberculous focus, and that as long as the test remains positive the patient cannot be considered as cured. He calls attention to the fact that his series shows a higher percentage of positive reactions than he himself could obtain in a like series of Wassermann tests in active cases of syphilis, and states the opinion that it is only a matter of time until this test for tuberculosis will be as widely used as is the Wassermann test for syphilis.

Petroff, using three different antigens, obtained in doubtful cases 65 per cent. positive; in incipient cases 81.2 per cent. positive; in moderately advanced cases 91 per cent. positive, and in far advanced cases 100 per cent. positive, although his number of cases in this last group was rather too small to be conclusive as to percentage.

Many other authorities might be reviewed, but since their methods and results are essentially similar to those already quoted I will close this section of the discussion by one opinion from the clinical viewpoint. Dr. Meyer, under whose clinical supervision this test was used diagnostically in Montefiore Home, the Bedford Sanitarium, and the tuberculosis service of Mt. Sinai Hospital, New York, states that the test was positive in 96 per cent. of tuberculosis cases under his supervision, and calls attention to the fact that the cases in which it was negative were clinically arrested cases. He concludes as follows: "It is no exaggeration to say that the method equals in value the Wassermann test in syphilis. It is most important that complement fixation tests be made on as large a scale as possible both in sanatoria and in private life."

The above reports agree in the main particulars, and such minor points as show disagreement can easily be accounted for as arising from difference in antigen and in technic. My own experiments with this test have not been for the purpose of adding to the already sufficient mass of evidence on the value and reliability of the test. These have been sufficiently established by previous reports. I have been concerned with testing various antigens and determining what other factors in the performance of the test will contribute to uniform and consistent results. For this purpose serum was used from known tuberculosis patients only, together with serum from healthy indi-

viduals as controls. The same sera were tested repeatedly with different antigens and other variations in technic. It was found that the test requires more delicate care if possible than the Wassermann test. This pertains particularly to the titration of the complement and of the hemolytic amboceptor. Especial care must be taken that neither of these reagents are used even in a slight excess above the exactly titrated quantity necessary. In testing the same sera against different antigens I find, in agreement with several authors above quoted, that a polyvalent antigen, i. e., one containing tubercle bacilli from a number of different strains, gives more uniformly consistent results than does an antigen similarly prepared but containing only one strain of bacilli, i. e., a monovalent antigen. I obtained quite satisfactory results with Miller's antigen, made by grinding bacilli from a number of strains with salt, then dissolving the mass with distilled water. However, when this suspension was allowed to autolyse for several days at incubation temperature as in Corper's method, the antigenic properties were distinctly improved. Among thirty-eight sera from known cases of tuberculosis in the second and third stages only one failed to give a positive test with this antigen, while no positives have as yet resulted among the healthy controls. From this result I am convinced that a polyvalent antigen prepared by a combination of the methods of Miller and Corper is a highly satisfactory antigen, though it would manifestly be impossible to secure more satisfactory results than those reported by Craig, Miller or Bronfenbrenner, using antigens prepared by widely different methods.

I have found that very frequently a serum which is positive to the Wassermann test gives also a positive result with the tuberculous antigen, though the converse of this statement is not true. I have yet to find a case of tuberculosis in which syphilis can be ruled out and which gives a positive test with Wassermann antigen. This statement is corroborated by the experience of the authors above quoted. It is a well established fact that syphilitic serum will bind complement in the presence of various biological products, particularly with extracts containing lipoids found in normal tissues, and it is perfectly understandable how the lipoidal substances present in tubercle bacilli may act similarly. It is to be hoped that Bronfenbrenner's method of extracting these substances and removing them from the antigen will successfully eliminate this slightly confusing fac-

tor. Until some such method shall be devised which will definitely obviate the false positives occurring by cross fixation in the serum of syphilitics, it will be necessary to test the patient's serum both against some standard Wassermann antigen and against the tuberculous antigen, and in case the Wassermann is positive to hold in suspended judgment a positive result with the tuberculous antigen.

What is to be the place of the complement fixation test in the diagnosis of tuberculosis? When shall it be used, and shall it supercede other tests now in use? Obviously in a condition so baffling to recognize as is tuberculosis in its early stages there will be no discarding of any diagnostic means which has proved of value. All means of diagnosis are needed, and they are needed as early as tuberculous infection is even remotely suspected. Early recognition of the condition offers the chief hope in its successful management, and since complement fixation is frequently positive before tuberculosis is even suspected, it is evident that its greatest value will be as an aid in detecting early or incipient cases. Of secondary importance will be its value in prognosis and in determining when a cure has been effected. I regard complement fixation as a valuable addition to diagnostic technic, and predict that its advent into this field will be heartily welcomed by those who are concerned with the diagnosis of tuberculosis.

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EDITORIALS

ROENTGEN-RAY AND RADIUM THERAPY

Enough time already has elapsed to convince even the most skeptical that both the roentgen ray and radium possess therapeutic properties of great value. Although it must be confessed that these physical agents do not yield all the miraculous results expected of them in the early days of our first great wave of enthusiasm following their introduction as therapeutic agents, it cannot be denied that they do yield, in some conditions, therapeutic results that are really brilliant and that cannot be obtained by any other therapeutic agent or method.

In malignant disease, particularly, the roentgen ray and especially radium have been found to be of great benefit. In inoperable cases the relief of symptoms and suffering at times surpasses even the fondest hopes the clinician may dare to entertain. Occasionally in such a case all gross evidences of the neoplasm may disappear and there may result an apparent or even a real cure. In operable cases the use of the ray as an accessory therapeutic agent following complete excision of the malignant growth is believed at present to offer the best chance for freedom from local recurrence. In operable cases, when operation is refused, the application of radium may cause disappearance of the growth and produce such a change as to force the conclusion that not only an apparent but a real cure has resulted.

There is at present a wide field for the successful application of both the roentgen ray and radium. There is no doubt but that this field will be widened as time goes by, and as our knowledge of the nature and power of these agents is extended. Already they have served as the weapon of attack in a condition that has at times made us despair. We are only just beginning to learn about them, and while we are still groping in the dark we are hoping for a great deal. Perhaps as time goes on and we

learn more we may be disappointed more or less. However, the efficacy of the roentgen ray and radium already has been established so definitely that it is quite clear that they will have a permanent place in our therapeutic armamentarium.

THE VALUE OF THE WASSERMANN REACTION

The value of the Wassermann reaction, as indicated by postmortem investigation in 341 cases at Bellevue Hospital, reported in *The Journal of the American Medical Association* of Feb. 2, 1918, is worthy of more than passing mention. As stated by the authors, "When the Wassermann reaction was introduced it was widely embraced as marking the end of all diagnostic difficulties in syphilis. In addition, it caused to be included in the already comprehensive domain of syphilis conditions that previously were regarded as independent or doubtful affections, and it promised to lay the foundation of a new eugenics by the exposure of latent but transmissible syphilis in either or both prospective participants in an otherwise desirable procreative venture." As time progressed, instances began to multiply in which the reliability of the reaction was brought into question, and at present "there seems to be a growing tendency to moderate those views which once were attacked only on a charge of heresy."

The Wassermann reaction has been used in the Pathologic Laboratories at Bellevue Hospital for a period of nearly seven years, during which time about 75,000 serums have been examined, representing a total of nearly 100,000 reactions. From the outset the work has been under the supervision of pathologists who, with their assistants, have been specially trained for serologic work. Every effort has been made to safeguard the accuracy of the reports, and while an attempt has been made to correlate the results of the Wassermann reaction with postmortem findings, it is admitted that there is a possibility of error in a few cases, though it is fair to assume that the error applies equally to both sides of the question. The investigations seem to have been carried on with that comprehensiveness and attention to detail which is required for impartial findings, and the authors frankly state that they feel that they have succeeded in arriving at certain conclusions which are accurate within the limitations imposed by biologic vagaries and by a human tendency to err. They do not attempt to defend theories,

but merely to present and interpret facts as they have found them. The conclusions as given are as follows:

1. Depending on the antigen employed, the Wassermann reaction in the living patient, as carried out at the Bellevue Hospital, gives a negative result in from 31 to 56 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy.

2. The Wassermann reaction in the living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy.

These findings should not be construed as indicating that the Wassermann reaction is without value, but they do indicate that our previous conception of the reliability of the reaction must be modified, and that in the diagnosis of syphilis the clinical and anatomic manifestations must be considered along with the laboratory findings, and that even then a certain percentage of cases will show by post-mortem investigation that error has occurred. In short, the conclusions point unerringly to the need for more exhaustive study of a large number of questionable syphilitic cases, and a lessening of our present dependence upon the Wassermann test as furnishing conclusive evidence.

TWILIGHT SLEEP

Every new procedure in medicine and surgery goes through a certain period of extravagant approval or condemnation, finally reaching its true status as a result of the accumulated experience and the judgment of competent and careful observers.

The spectacular manner in which "twilight sleep" was heralded to the world should have made the majority of medical men skeptical as to its real value, for seldom does a procedure of merit meet with such extensive lay advertising, and, generally speaking, advertising as it pertains to medicine and surgery is grossly exaggerated. An energetic press campaign was carried on throughout this country with the sole object of interesting the lay public in the administration of scopolamin and morphin to parturient women as a means of reducing or annihilating the pains of childbirth. Books, pamphlets, articles in magazines, newspaper advertisements, and even moving picture shows were so persistently heralding the "twilight sleep" propaganda that the average doctor found himself confronted with the necessity of trying the method or appearing before the pub-

lic as unwilling to accept and make use of so-called scientific advancements. This exploitation was aided by the concerted effort of foreign manufacturers to increase the sale of scopolamin.

In consequence of the hysterical demand on the part of the public a good many physicians and probably all of the specialists in obstetrics have tried out the method, or some of the numerous varieties of it, and hold definite views for or against it, based upon their own experiences. From the great mass of material that has been published in medical journals we are able to learn that for the most part "twilight sleep" has failed utterly in meeting all of the requirements.

The principal, but not by any means the only objection urged, is that the use of scopolamin and morphin distinctly increases the fetal mortality. That all of the dangers are lessened by careful and constant supervision is recognized, but in view of the fact that in such a very large proportion of cases it is absolutely impossible to carry out the method according to the teachings of the Freiburg school, it is not likely that "twilight sleep" will gain in favor. In fact, it already is in disrepute because it is safe only in very skilled hands, and cannot be used as a routine practice.

In medicine the permanence of a practice is the best indication of its usefulness, and it can be stated truthfully that "twilight sleep" rapidly is losing in popularity and with few exceptions the leading specialists in obstetrics who have tried out scopolamin and morphin anesthesia in obstetrics are condemning it. Those who are using it are using it in the first stage only, and in selected cases.

OBJECTION TO RESEARCH WORK IN THE ARMY

Occasionally we hear a squawk from the Christian Scientists concerning the futility of the medical and surgical branches of our Army, but for the most part the disciples of Mrs. Eddy are keeping serenely quiet, like the pro-Germans, realizing that the kind of complaints they make are ill-timed and apt to be dangerous to their peace of mind. Neither do we hear much from the horde of incompetents masking under the names of various pseudomedical cults, for they realize only too well how soon their ignorance and incompetency would be exposed if put to the test in military service. But

we are hearing some loud howls from that enemy of scientific advancement through research work, the antivivisectionists.

Of all of the asinine objections to the work in any field of human endeavor, those of the antivivisectionists take the lead! In many instances the objections to animal experimentation are based upon a mawkish sentimentality that deserves not the slightest consideration from thinking people. In other instances the objections are an outcropping of pure cussedness that constitutes a goodly portion of the makeup of some persons and is unconquered except by a club of some kind. The most unreasonable complaints of these mentally warped individuals is the attack that has been made upon the Red Cross because of a \$100,000 appropriation for medical research work in France. We are pleased to note that the complaints made by the antivivisectionists have been met by a vigorous protest on the part of the medical staff of General Pershing's forces in France, who say:

"We feel that anyone endeavoring to stop the Red Cross from assisting in its humanitarian and human desire to prevent American soldiers from being diseased and to protect them by solving the peculiar new problems with which the army is confronted is in reality giving aid and comfort to the enemy. The research work includes studies on anesthesia, shell shock, and trench fever, the latter of which will be the main line of investigation this winter. We also are investigating trench nephritis and foot infections, including gas gangrene and tetanus. The animals used are principally guinea-pigs, rabbits and white rats. If operations causing pain to animals are performed an anesthetic is used. Actually very few animals have been used in this work."

Commenting on the attacks of the antivivisectionists and the resulting protest, Mr. Garfield of the American Red Cross very appropriately says:

"I feel that a medical staff with a record like that of the United States army medical staff, which cleared the jungles of Cuba and Panama of yellow fever, kept the bubonic plague out of the United States, cleared Serbia and Macedonia of typhus, kept Asiatic cholera out of the Philippines and abolished fever from the American army, can be trusted to use wisely the \$100,000 required to meet the unusual medical conditions incident to this war."

There can be no question but that the antivivisectionists rightfully belong to that class of individuals who are giving aid and comfort to the enemy. Considering the numerous avenues through which Germany has dispensed money in aiding various propagandas in this country, it is quite possible that the antivivisectionists may receive support from that source, but under

any consideration they deserve severe censure and in due season probably will get it in greater force from the boys at the front in whose interests the animal experimentation complained about is conducted.

At any time, we should give scant consideration to the howls of fanatics who object to the use of a few worthless rats and guinea-pigs for the development of means and measures for the prevention of suffering and the saving of human lives, but at a time like this, when hundreds of thousands of our boys may suffer and die from disease that may be prevented or cured as a result of scientific knowledge secured through animal experimentation, the protests of such fanatics as the antivivisectionists should meet with general condemnation.

JEALOUSY AND PEEVISHNESS OF THE INDEPENDENT MEDICAL JOURNALS

We note that some of the so-called independent medical journals are engaging in the reprehensible practice of "mud slinging," using *The Journal of the American Medical Association* and some of the better known state medical journals as targets. Our attention has been called to a recent number of one of the independent journals in which not less than five condemnatory editorial expressions concerning *The Journal of the American Medical Association* have been made, and in each instance the scientific standing or the accuracy of *The Journal's* editorial comments is questioned. Aside from this a certain amount of peevishness is exhibited which is childish and indicates jealousy concerning the success of others. Of course when the facts are known it is not difficult to understand why some medical editors and medical publishers are "nursing sore toes," and every once in a while emitting dismal "squawks" in order to give vent to their harassed feelings.

Instead of adopting higher ethical standards and otherwise improving the quality of their journals to keep pace with *The Journal of the American Medical Association* and most of the state medical journals, and to merit the deserved support of reputable doctors, the editors of the majority of these so-called independent journals have permitted the rankest kind of commercialism and off-color ethics to influence them in the conduct of their periodicals. Their advertising pages, for the most part made up of objectionable advertising which *The Journal of the*

American Medical Association nor no other reputable journal will accept, and the editorial pages, reflecting a policy no better than that of the advertising department, are quite enough to sicken the average medical man who appreciates quality as he also appreciates decency. In consequence, these journals are losing their subscribers, reputable advertising and prestige. They feel the sting of defeat and are retaliating by venting their spite upon others.

The independent journal will survive and will merit support and appreciation of the reputable element in the medical profession if conducted along ethical lines, but such journals will die and deserve to die if their sponsors fail to recognize the necessity of making the pages of those journals clean, advertising pages and all, and the quality of the reading material something more than mediocre. They harm only themselves by their snapping and snarling at their superiors in the journalistic field.

SPECIAL FAVORS TO NONE IN MEDICAL LEGISLATION

It is reported that the chiropractors are planning a campaign with the object in view of securing legislation favorable to their sect, and that a comparatively large sum of money will be raised for the purpose of carrying on such a campaign. It is just as well for the members of the regular medical profession to know that the one and only reason why the various medical cults have been able to secure legislative favors is because the regular medical profession puts forth so little effort to prevent it.

It is time for the members of every county medical society in Indiana to begin active work in an effort to elect members of the next Legislature who will oppose any and all medical legislation which gives special favors to any particular sect or school of medicine. Legislators and the public should understand that the regular medical profession is asking for no special favors for itself. There is, however, no reason why sects like the chiropractors and others of like character should receive special favors. In establishing requirements for the practice of medicine in Indiana no discrimination should be used, but all sects and all schools of medicine should be treated alike. The present requirements can and should be met by every person who desires to practice medicine within the confines of the state. We care not how anyone practices, whether it is according

to the teachings of osteopathy, chiropractic, neuropathy, hydropathy, or any other nonsensical method, providing the one who is licensed to practice medicine has met the same requirements as those exacted of members of the regular medical profession.

Our present medical law requires a reasonable amount of academic training, and in addition a knowledge of the cardinal branches of medicine. These requirements should be exacted of every person who desires to treat the sick and suffering, for without such knowledge there can be no rational basis for treatment. The question of the kind of therapy to be employed is left to the discretion of the individuals who have complied with the other necessary requirements. Nothing could be fairer and nothing could be more entirely in the interests of the people. The trouble with the chiropractors and all of their ilk is that they desire to secure a short-cut to the privilege to practice medicine, and if they secure what they are after they will obtain not only concessions not granted to others, but will have placed a premium upon ignorance. Our Legislature should refuse to discriminate in favor of any class. Fairness to all and special favors to none should be the rule of conduct.

PENALIZING INDUSTRY

Some of us can't help thinking that this winter's distress for want of fuel is a direct result of the tendency of the last few years to penalize thrift and enterprise of every character, with the result that the development of some very necessary enterprises has been suppressed, and with the further inevitable result of affecting the nation as a whole. The various state legislatures, and even congress, have punished the railroads in some manner almost every session and surrounded them, as well as many other large enterprises, with so many restrictions that it has been next to impossible for them to develop sufficiently to keep pace with the demands of the country. It is fair enough to require railroads to increase the wages of employees, cut down working hours, install expensive safety devices, build new depots, elevate tracks and do many other things requiring large expenditures of money, but it is decidedly unfair to prevent the railroads from securing any return from the investments so made.

The earnings of all railroads have been reduced, as a result of restrictive legislation, until there no longer is a profit. No one desires to

invest money in an enterprise that brings little or no returns or is likely to go into bankruptcy. In consequence railroad stocks have depreciated in value, and with impaired credit the railroad corporations have been unable to secure sufficient money to make needed repairs and add desired improvements even if such expenditures were justified. Now in a time of stress we are confronted with an enormous shortage of rolling stock and other transportation facilities needed for the carrying on of ordinary business, aside from the increased demand occasioned by the war.

The leaders of the coal mine organizations frankly state that there is absolutely no occasion for a fuel shortage in this country for the reason that sufficient coal is being mined, but that the transportation facilities are positively inadequate to move the coal. The Government has attempted to overcome the difficulties by taking charge of the railroad systems of the country, though we notice little change in conditions, even though various restrictive measures not possible of execution by the railroads themselves have been adopted. It is announced that the Government will furnish adequate funds to repair and improve the transportation facilities, but the thought occurs, why haven't the various state legislatures and congress given these great transportation companies a fair show to develop so that an action like the one taken by the Government would have been unnecessary. In the end the people pay the penalty for such a short-sighted policy, and there will be still more evidence than at present appears to prove how foolish we have been in our persistent attacks upon public utilities of every description through the exactions of vicious legislation.

This tendency to penalize thrift and enterprise is seen everywhere in connection with our system of taxation. The man who spends \$500 in repairing and painting his house, planting flowers and shrubbery about the property, and maintains a well-kept lawn, immediately is pounced upon by the tax assessor with an added amount upon which the enterprising property holder pays taxes which more than offsets the amount expended in improvements. Instead of encouraging thrift, enterprise and civic improvement we oftentimes stifle it by oppressive legislation and discriminative exactions not in keeping with that progress which we ought to encourage. Taxation and certain restrictions are necessary, but there is a limit beyond which we cannot go without danger.

In the case of our railroads and other public utility corporations we not only tax them

heavily, but we so restrict them in their earnings that they make little or no profit upon their investment, and in consequence cannot better the service that they render. As a direct result these very useful and very necessary enterprises are becoming greatly depreciated in value, and not a few of them are going into the hands of receivers. It is time for the American public to wake up to the fact that if we are to encourage the development of our resources and if we are to secure that prosperity which is due an energetic and enterprising people surrounded by almost inexhaustible natural resources, we must change our tactics and stop this tendency on the part of our law makers to kill by oppressive legislation "the goose that lays the golden egg."

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

WE shall be very much pleased to have any of the Indiana medical men who are in military service write letters concerning their experiences and work for publication in THE JOURNAL.

THOSE doctors who have been accepted for service in the Medical Reserve Corps and are complaining because they have not been called to duty may be interested in knowing that they can get into active service at once by communicating with Major John D. McClain, Council of National Defense, Washington, D. C.

WITH some people patriotism and religion serve only during fair weather. Our fuel administrators are telling some very interesting stories concerning the selfishness of people, and they say that selfishness is keenest among those who howl loudest about loyalty and sacrifice during war times. It takes ill luck or misfortune to bring out the worst side of human nature.

ALL members of the Indiana State Medical Association who desire to be identified with the Eye, Ear, Nose and Throat Section of the Association, or who desire to be identified with an Indiana society of eye, ear, nose and throat specialists, are asked to send their names to Dr. John R. Newcomb, Chairman, Hume-Mansur Building, Indianapolis, or to Dr. E. M. Shanklin, Secretary, Hammond.

THE need for more members of the Medical Officers Reserve Corps is emphasized in a communication from Dr. Joseph Rilus Eastman, president of the Indiana State Medical Association, and chairman of the Indiana Committee of the Council of National Defense, published in this number of *THE JOURNAL*. Dr. Eastman takes occasion to correct some misunderstandings that have prevailed in many quarters, and our readers are urged to read carefully the communication.

THE Eye, Ear, Nose and Throat Section of the Indiana State Medical Association will hold a mid-year meeting in Indianapolis at the Hotel Severin on March 6 and 7. This meeting probably is a fore-runner of the organization of an Indiana society of eye, ear, nose and throat specialists. It will in no way divorce these specialists from the Indiana State Medical Association, but it is intended to develop a greater amount and better grade of scientific work as well as to establish closer relationship between the men engaged in this special work.

SOME of the Indiana doctors must think we are mind readers, or else they would not expect us to make, without notification, changes on our mailing list when addresses are changed. Every once in a while some doctor who has changed his postoffice address writes us a complaining letter asking why his *JOURNAL* is not being sent to his address, when as a matter of fact we do not know anything about his removal. We desire to make all necessary changes in order to have our mailing list complete and up-to-date in every particular, but in order to do this we must have the cooperation of those who are most interested.

IT was a splendid idea of President Joseph Rilus Eastman in calling a joint meeting of the Council and the important committees of the Indiana State Medical Association. Such a meeting was held in Indianapolis late in January, and a great deal of good was accomplished through the interchange of ideas and the added impetus given to the work of the Association.

We are strongly of the opinion that what President Eastman has inaugurated should be adopted as a regular feature. The only suggestion we have to offer is that the Council and the committees — particularly the committees on Administration and Public Policy and Legislation — hold separate meetings in the morning, and that all unite at luncheon for a joint meeting. Such an arrangement will prove very beneficial in coordinating the various activities of the Association, and will bring about greater cooperation than can be expected when the Council and committees act independently.

MANY medical men in military service are complaining bitterly, and very justly, about the cost of equipment. As is well known, officers are required to furnish their own equipment and in consequence dealers in practically all of the large cities have taken advantage of the opportunity to charge exorbitant prices. This extortion has been quite a hardship for young medical men recently out of college and perhaps already in debt for their schooling. It may be possible that the government is unable to furnish uniforms to officers, and yet the government should regulate the prices charged. We are under the impression that some young doctors have been a little slow in enlisting in the Medical Reserve Corps in consequence of the burdens thrust on them through the necessity of going to large expense for the equipment required by the government on being assigned to active duty.

ANY physician who desires to purchase pure alcohol in even small quantities is required to file an application and bond with the Commissioner of Internal Revenue. Fortunately, the necessity for the use of pure alcohol is very greatly restricted in view of the fact that alcohol that has been slightly changed by the addition of certain chemical or medicinal agents can be purchased in the open market without filing an application and bond with the Internal Revenue Office. The literature sent out by the various surety companies is so worded that the average physician may be led to believe that he is compelled to furnish a bond before he can purchase alcohol of any kind and under any conditions. We hope that the surety companies will be defeated in their efforts to profit through the gullibility of physicians.

NEWSPAPERS and some medical journals have had much to say concerning the danger of food poisoning known as botulism in home-canned fruits and vegetables, and in this connection the

United States Department of Agriculture, through the bacteriologists of its Bureau of Chemistry, has issued a statement that there is no danger of this type of food poisoning resulting from eating such canned goods as have been canned by any of the methods recommended by the United States Department of Agriculture, providing the directions have been followed carefully. However, they state that it is possible that in some instances the directions have not been strictly followed and that spoilage may have occurred. In every instance extreme care should be taken to ascertain before eating canned goods of any kind whether they are in good condition, and if they have spoiled they should not be consumed.

THE Therapeutic Research Committee of the Council on Pharmacy and Chemistry of the American Medical Association asks the cooperation of doctors and dentists in obtaining reports of accidents by local anesthetics. As stated by the secretary, it is self-evident that the treatment of such accidents must be based upon full and conscientious reports of all abnormalities. It is notorious that the reports of such accidents are published only occasionally, for fear of unmerited censure of the anesthetists. The committee feels that in the plan suggested in a letter published in our Correspondence Department in this number of THE JOURNAL this objection has been avoided so that reports would tend to serve as a protection. We sincerely hope that the committee may receive the data necessary for such study as contemplated, to the end that accidents from local anesthetics may be avoided or at least treated successfully when they occur.

DOCTORS along with dentists, lawyers and preachers have been penalized under the income tax law. Perhaps they will not realize this until they are compelled to pay the income tax on or before June 1, but there is going to be a general howl when Uncle Sam collects the toll. The fellow who howls the loudest will be the one who is taxed the additional 8 per cent. over and above the tax and supertax because he happens to work hard enough and has sufficient ability to earn an income of over \$6,000. Just why professional men should have been penalized when persons following other occupations escape is hard to understand, though it probably makes up one of the numerous inconsistencies of the income tax law which will be corrected later. Professional men as a class are quite willing to share the burden of taxation, but they object to being singled out for special punishment.

THE Council, at its recent meeting, unanimously passed a resolution recommending that all county medical societies in the state of Indiana pay the medical society dues of their members who are in military service. The recommendation should be followed generally throughout the state. The boys in military service will appreciate an action of that kind, for it means that those at home are not only willing to make some sacrifice, but are willing to do something for those who have made a greater sacrifice by enlisting in the service of our country. It may be that objection will be raised on the ground that some of the county medical society treasuries will not stand an appropriation sufficient to pay dues of absent members. In such instances we have only to say that the doctors at home ought to show their patriotism and liberality by "passing the hat," if necessary, to raise the funds required to meet the plan proposed. We have no sympathy with the doctor who is so selfish and who exhibits so little professional courtesy that he objects to the payment of an extra assessment required for the plan suggested.

THE following story is from the current issue of the *Army and Navy Register*.

MYSTERY OF AN ABANDONED CAMP

The War Department was surprised this week to learn from the municipal authorities of Mineola, L. I., in the vicinity of Camp Mills, where was encamped the "rainbow division," under the command of Major General William A. Mann, that the camp had been abandoned by the troops when they went to Europe without taking with them the tents and cots used by the command while at that place. Photographs of the ruin (for such it was) were submitted to the department, showing that the rows of some 3,000 tents in a waste of snow several feet deep had been left to the sport of the elements. The tentage, where any of it was standing, was revealed in tatters, and the entire outfit is plainly a total loss to the government, estimated at about \$300,000. There will be an investigation, of course, to fix the responsibility for this costly oversight. Some one in authority overlooked the fact that the tents had not been taken down and stored. The division evidently moved out and proceeded to its station in France without any thought being bestowed on what was to become of the tents the troops had occupied. The incident is inexplicable, considering all the circumstances, and the military authorities are puzzled to know how such forgetfulness could have occurred, especially at a time when there is a shortage of tentage and when a conservation of equipment is the order of the day. The untracked state of the snow at the camp, as shown in the photographs submitted, gave evidence that not even a caretaker had been left on the reservation, and the effect of the wind and storm was apparent enough in the sorry spectacle.

Here would be a fine opportunity for some medical officer to arise and ask if this is the

kind of superior management he must appeal to when making a sanitary recommendation. To the slogans "Save the food," "Save the coal," and "Save the meat," we suggest be added "Save the tents."—*Journal A. M. A.*, January 18.

THE Federal Children's Bureau has announced plans for a great child-welfare drive to begin on April 6, the first day of what they term the "Children's Year." The first aim of the campaign is to secure the public protection of maternity and infancy. Public health authorities agree that one-half the deaths of infants are easily preventable, and that if children were well born and well cared for there would be practically no deaths of babies. Authorities also state that most of the fifteen thousand mothers who died last year died needlessly. It is the plan of the Children's Bureau to save a certain definite proportion of these lives, and each state has been given a certain quota of these lives to be saved in this drive. The state councils of defense and the state women's committees are called upon to be responsible for the state quotas; and the methods, in brief, are as follows:

First: The registration of births so that there may be an immediate record of every child born; and nursing and medical skill may be provided wherever family income does not permit its being secured independently.

Second: For every mother prenatal care, necessary care, of doctor and public nurse at confinement and after-care.

Third: Children's conferences where well babies can be taken periodically to be weighed and examined, and clinics where sick children may be given medical advice.

Fourth: The organization of state and city divisions or bureaus of child hygiene.

Fifth: The guarding of the milk supply, that every child may have its quota of clean, pure milk.

Sixth: An income making possible decent living standards.

THE editor of THE JOURNAL has received two or three letters from Indiana doctors in military service in which inquiry is made about the much lauded plan for the care of the medical practices of men in military service, and the refunding to the military doctors or their families of one-third of the fees collected. One Indiana doctor at a southern camp says that he has talked with a dozen or more Indiana doctors who have been in military service for several months, and each and every one of them claims that not a sign of professional courtesy has been forthcoming from the doctors back at home.

The point is made that it is not so much the failure to report on any collections made as it is the spirit that has been manifested. We cannot believe that the doctors remaining at home have very generally neglected to observe the arrangement that has been made by nearly every county medical society in Indiana, whereby the practices of the doctors who have gone into military service are cared for and a portion of the income therefrom turned over to either the doctor or his family; yet if the complaint to which we have referred is true, it shows that some doctors have little respect for a moral obligation and are sordidly selfish. Let us hope that in the end the doctors in military service will not have cause to complain about any unfair treatment accorded them by brother practitioners at home. The men who have gone into military service for the most part are making great sacrifices. On the other hand, the men who are remaining at home are profiting through the absence of such a large number of doctors. It really is a small favor that the doctors at home show the doctors at the front in caring for practices and turning over a small percentage of the fees collected.

THE one hundredth consecutive report of the Surgeon-General of the Army, covering the fiscal year ending June 30, 1917, and the calendar year 1916, recently issued, is of unusual interest and importance in this war time. Special emphasis is given the excellent work accomplished by the medical officers of the Regular Army in connection with the expedition into Mexico and the mobilization of the Army and National Guard on the border in 1916. A brief statement is made as to the work of the Medical Department in the present war, the details of which work will be contained in future reports. As evidence of the unprecedented extension of the activities of the Medical Department, it is stated that more than 13,900 officers were engaged in the work of the Army Medical Department on June 30, 1917. The total number of hospital beds is to be placed on a basis of 25 per cent. of the strength of the Army. The general health conditions of the United States Army for the calendar year 1916 were very satisfactory. Special attention is given to typhoid fever, paratyphoid, malarial fever, measles and venereal diseases; also to hookworm, lobar pneumonia and cardiovascular disease. The Army Medical School and the Surgeon-General's Library have functionated with the greatest efficiency. In the Mexican expedition the service of the Medical

Department was thoroughly capable, as also in the mobilization on the border. Most of the extensive report is given over to special reports of the various departments of the Army, and of the various posts, the health of the troops, etc. The bibliography of articles written by medical officers from July 1, 1916 to June 30, 1917, indicates that, as usual, splendid research work is being done by Army men. A separate statement lists the articles by medical officers of the Army detailed as medical military observers abroad, but these reports are not yet available.

ARE doctors "easy marks"? Well, just listen to what an old promoter has to say on the subject: "You can sell a doctor *anything*, and he is particularly eager to buy mining and other stocks if there is a promise of big returns." Just at the present time there is an unusual effort being put forth to sell stocks of every description, but particularly mining stocks, with a leaning toward oil wells. Promoters never tell you that it is only one in a thousand or more that ever makes any money out of oil wells. Most of the stock in oil industries that is offered for sale by promoters is next to worthless. If it was not worthless there are plenty of men with a knowledge of the business that would furnish sufficient capital to make a general sale of the stock unnecessary. Probably nine out of ten doctors have, on one or more occasions, invested in mining stocks, including companies drilling for oil, but we never heard of a doctor who ever made any money in such an investment, and we happen to know of quite a good many doctors who have been caught by such "get rich quick" schemes. Oil stocks sold by the ordinary promoter are not even a good gamble, for a man has a better chance to double or triple his money in any gambling house. If a doctor can afford to make an investment and then forget it, as some doctors say they look upon speculation, why isn't it a better plan to make an investment that has some tangible evidence of producing returns and then not forget it for all time but only until dividends or interest comes in? There are plenty of industrial stocks that pay good dividends, and farm mortgages (and there is not better investment in the world) offer a splendid return and are perhaps as safe an investment as can be made. Why not play safe? The average doctor has no business "flirting" with mining stocks of any description.

AFTER a quarter of a century of the highest type of public service the Hope Hospital Association of Fort Wayne has suspended activities. It is said that this action marked the culmination of six months of meticulous and meddlesome "business efficiency." No one could sanely decry any legitimate method for making a hospital more nearly self-supporting, but an institution conducted from the business standpoint of hospital economics and financial deficit or surplus, rather than from the ideal standpoint of the best professional service to its patients is doomed to certain failure. For laymen, however efficient they may be, to attempt to conduct a hospital and solve its problems without the closest co-operation of the best medical men available is officious, impertinent and arrogant. As has been well stated by a writer on hospital management, "No hospital can be better than its medical staff. We all know institutions elaborate in architecture that are mere boarding houses for the sick." Business men are notoriously lax in their evaluation of doctors according to ethical standards, and for that very reason are utterly incapable of exercising intelligent and judicious supervision of medical matters. Assuredly no man who "cannot understand the niceties of medical ethics" should presume to determine the medical policies of any hospital. A man who accepts a position on a hospital board of trustees pledges himself to protect every patient from attention at the hands of the mentally inefficient and morally incompetent—and to do that he must have the advice of men who measure up to the high standards set by the best men in the profession.

Fort Wayne's hospital facilities were overtaxed at best, and it is greatly to be deplored that a "small group of wilful men" should have alienated the best medical support by arrogating to themselves functions which they were not competent to perform and by instituting methods of management inconsistent with the highest interests of suffering humanity.

Hope Hospital, with its ideals and the sort of service it rendered, is worthy of perpetuation, and it is to be hoped that for the best medical interests of the community, if for no other reason, some means will be found for continuing its work.

A COMMON expression is that "a sucker is born every minute," but heretofore we have had occasion to remark that so far as that applies to doctors there must have been about six suckers born every minute. The occasion

for referring to this matter again arises from a knowledge that several so-called medicinal remedies, declared fraudulent by the Council on Pharmacy and Chemistry of the American Medical Association, and condemned in no uncertain terms in the Propaganda for Reform published in this journal, are having a rather wide sale among physicians in Indiana as a result of skilful exploitation through the medium of advertising and smooth-tongued detail men. Why doctors will permit themselves to be duped by the specious advertising contained in circular letters and the Aladdin-like stories of the glib detail men is beyond our comprehension. There was a time when the doctor, who had neither the time nor the inclination to investigate the worth of various products turned out by enterprising manufacturers, could be excused if he accepted the claims of the exploiters, but that time is past. At the present time, and for several years, the Council on Pharmacy and Chemistry of the American Medical Association has acted as a clearing house for all of the products of pharmaceutical houses and biological laboratories, and the results of the Council's investigations have been given wide publicity through *The Journal of the American Medical Association* and many other reputable journals, this one included. At considerable trouble and expense, *THE JOURNAL* each month has contained a department devoted to "The Truth about Medicines," and under that heading new and non-official remedies that have been accepted by the Council on Pharmacy and Chemistry are listed; and under the heading "Propaganda for Reform" the preparations that are misbranded or for which unwarranted and fraudulent claims are made, are likewise listed. The information concerning fraudulent preparations and medical fakes of every description can be considered trustworthy, otherwise such publicity could not be given without danger of prosecution. When we hear that not one but many doctors are using some of these frauds that have been freely exposed in the columns of *THE JOURNAL* we sometimes wonder if all of the efforts that are put forth to protect the doctor are appreciated. However, for the benefit of those readers of *THE JOURNAL* who have been accustomed to securing their therapeutic knowledge from enterprising commercial houses and their glib-tongued representatives, permit us to suggest that before accepting and using new products it would be well to consult the little books entitled "New and Nonofficial Remedies" and "Propaganda for Reform," pub-

lished by the American Medical Association; and if our department entitled "The Truth about Medicines," which appears in every number of *THE JOURNAL*, is read carefully, some trustworthy information concerning frauds and near-frauds may be obtained.

DEATHS

JOHN WILLIS, M.D., Keystone, died January 12.

MRS. PERRY G. MOORE, wife of Dr. P. G. Moore of Wabash, died January 8, aged 72 years.

MRS. AMANDA CONOVER BERRY, widow of Dr. H. R. Berry, died December 27 at her home in Rushville, aged 82 years.

WILLIAM W. VINNEDGE, M.D., formerly of Lafayette, died December 29 at the home of his daughter in Chatham, N. J., aged 71 years.

MRS. JOHN CASPER, wife of Dr. John Casper of Jasper, was killed January 5 by the accidental discharging of a gun in the hands of Dr. Casper.

CHARLES LEONARD WILSON, M.D., for more than forty years practicing physician of Indianapolis, died January 18 at Parkersburg, W. Va., aged 87 years.

RACHAEL BRYSON, M.D., Indianapolis, died suddenly January 14, aged 65 years. Dr. Bryson graduated from the Physio-Medical College of Indiana, Indianapolis, 1889.

MISS MAY BERRY, Frankton, Ind., trained nurse with the Indianapolis base hospital in France, died from pneumonia the latter part of December. Word of her death was received by Indiana relatives on New Year's eve.

JEHU Z. POWELL, M.D., Logansport, died January 6, at St. Joseph Hospital, aged 69 years. Dr. Powell was a native of Cass County; graduated in medicine from the University of Michigan in 1874; took postgraduate course at Long Island Hospital Medical College of New York, and practiced medicine continuously until his death at Logansport. He was a member of the Cass County Medical Society, the Indiana State Medical Association, and a Fellow of the American Medical Association.

JAMES MILES, M.D., Merom, died January 7, aged 51 years. He graduated from the Medical College of Ohio, beginning the practice of medicine at Merom immediately after graduation, and continued there until his death. Dr. Miles was a member of the Sullivan County Medical Society and the Indiana State Medical Association.

VANCE MAY, M.D., Washington, died January 16 at the Daviess County Hospital, following a mastoid operation complicated by pneumonia. Dr. May was born in the southern part of Indiana in 1866; graduated from the Louisville Medical College; practiced medicine at Boonville, Cornettsville, and located at Washington in 1900, where he remained until death. He was a member of the Daviess County Medical Society and the Indiana State Medical Association.

SAMUEL L. KILMER, M.D., South Bend, died December 29, aged 68 years. Dr. Kilmer was born in Ashland County, Ohio, April 12, 1849; removed to Elkhart, Ind., at the age of four years; studied at the Goshen Normal School, Smithville Academy (Ohio), Northwestern Business College, Madison, Wis., and Rush Medical College, Chicago, from which he graduated in 1879. Immediately after graduation he located at Elkhart, associated with Dr. J. A. Kettring. Later he returned to Rush for post-graduate work, specializing in surgery. He practiced continuously in Elkhart to the time of his last illness. Dr. Kilmer was a member of the Elkhart County Medical Society, Indiana State Medical Association, and Fellow of the American Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better *Journal* for you.

GENERAL

DR. G. C. PRICE, Judson, has been ordered to Fort Oglethorpe, Ga., for duty.

MAJOR FRANK F. HUTCHINS of Indianapolis has been assigned to duty in California.

J. W. BROOKS, manager of the Martinsville Sanitarium, died January 18, aged 65 years.

DR. HOMER N. OLIPHANT, Marion, has been quite seriously ill at the Battle Creek Sanitarium.

DR. WILLIAM C. MYERS, Dana, left January 20 to report for training at Fort Oglethorpe, Ga.

DR. PAUL A. GARBER, Indianapolis, has been ordered to report for duty at Fort Oglethorpe, Ga.

DR. LOUIS SIEBENMORGAN, Terre Haute, was married Christmas day to Miss Ruby Curtis, Paxton.

DR. STEPHEN B. ELROD, Jefferson, now in military service, has been promoted to the rank of captain.

DR. J. H. KELLER, Silverwood, has been quite ill with pneumonia at the St. Elizabeth Hospital, Danville.

FIRST LIEUT. HARRY B. GUDGEL of Princeton has been assigned to active duty at Fort Oglethorpe, Ga.

MAJOR JOHN W. SLUSS of Indianapolis has been elevated to the post of chief surgeon at Camp Cody.

DR. MERRIL DAVIS, Marion, with commission as first lieutenant, has been ordered to Fort Riley, Kan.

DRS. J. E. FREED and Otto Casey, Terre Haute, left January 15 for military training at Fort Oglethorpe, Ga.

DR. CHAS. S. WOODS, Indianapolis, has been ordered to Cornell Medical College for instruction in roentgenology.

DR. CLARK E. DAY has been appointed police surgeon of Indianapolis to succeed Dr. M. J. Spencer who resigned.

DR. EDWARD K. NEWTON, Whiting, has received his commission as first lieutenant in the Medical Reserve Corps.

DR. A. F. GUGSELL, Ferdinand, commissioned as first lieutenant in the Medical Reserve Corps, has been ordered to Fort Oglethorpe, Ga.

DR. D. C. SHAFF, Clinton, underwent an operation for appendicitis at the Union Hospital, Terre Haute, the latter part of January.

DR. B. A. BLOSSER, Fremont, was ordered to Fort Oglethorpe, Ga., on January 23 for duty as a lieutenant in the Medical Reserve Corps.

DR. J. S. ROBINSON, first lieutenant in the Medical Reserve Corps, has been ordered to Fort Oglethorpe, Ga., and reported there January 23.

MEMBERS of the Lake County Medical Society have adopted a new fee bill which includes an advance in price for all phases of professional attention.

DR. HENRY I. BERGER, Indianapolis, was sentenced to serve a year and one day in the federal prison at Atlanta for violation of the federal narcotic law.

DR. L. S. ROBISON, Winchester, first lieutenant in the Medical Reserve Corps, was ordered to report for duty at Fort Oglethorpe, Ga., on January 23.

DR. FLAVIUS J. BECK, Hartsville, who is in military service, has been stationed temporarily at the Hawaiian Islands. His wife and daughter accompanied him.

MAJOR GRAYSON M. P. MURPHY of New York has resigned as head of the American Red Cross Commission to Europe and will return to the United States.

DR. JOHN H. OLIVER of Indianapolis announces the removal of his offices from 422 North Delaware Street to Suites 510-511 Hume-Mansur Building.

DR. J. H. NILES, Seymour, left January 21 for Fort Oglethorpe, Ga., where he has been commissioned first lieutenant in the Medical Corps of the U. S. Army.

DR. ETTA CHARLES, formerly of Alexandria, has been appointed physician for the Orphans' Home, and has removed to Anderson for the practice of medicine.

DR. M. H. C. JOHNSON, Vincennes, with commission as first lieutenant in the Medical Reserve Corps, has been ordered to Camp Sheridan, Ala., for training.

DR. U. G. SOUDER, Auburn, has asked for and been granted release from the DeKalb County exemption board. Dr. Souder continues as medical examiner for the board.

DR. HARRY B. GUDGEL, Princeton, commissioned last August as first lieutenant in the Medical Reserve Corps, was ordered to report to Fort Oglethorpe, Ga., January 23.

DR. JOHN THOMSON, Garrett, commissioned as first lieutenant in the Medical Officers Reserve Corps, was ordered to report for training at Fort Riley, Kan., on February 5.

DRS. R. E. REPASS, E. Ray Royer and A. G. Doty, Indianapolis, and Dr. J. H. Grimes, Danville, left January 25 for military service at Camp Greenleaf, Fort Oglethorpe, Ga.

DR. FLORENCE P. GEBHART, Chicago, has taken over the practice of Dr. Grace Line Homman, LaPorte, who has accepted a position on the staff at the Mayo Clinic, Rochester.

DR. LYMAN T. RAWLES, Fort Wayne, stationed at Camp Wadsworth, Spartansburg, S. C., has been promoted from position of first lieutenant in the Medical Reserve Corps to captain.

DR. CLARENCE G. REA has resigned as secretary of the Muncie Board of Health, in which capacity he served for two years, and Dr. Noah D. Berry was appointed to fill the vacancy.

Two Indianapolis physicians have accepted invitations to address the Bartholomew County Society at Columbus: Dr. Charles P. Emerson in February and Dr. A. C. Kimberlin in April.

THE California state medical practice act providing for licensing and regulating persons engaged in healing the sick was, on January 21, declared constitutional by the Supreme Court.

DR. MAURICE R. LOHMAN has been appointed deputy health commissioner of Fort Wayne, and will be placed in charge of all work in connection with the prevention of contagious diseases.

MRS. MARY MILLER, Winchester, has tendered a gift of \$10,000 and a lot for the building site for a county hospital for Randolph County. The board of commissioners has taken the matter under advisement.

MAJOR WILLIAM J. MAYO, M. R. C., has been relieved from duty in the office of the Surgeon-General of the United States and returned to Rochester, where he will act as medical adviser to the Governor of Minnesota.

PROF. JOSEPH PRICE REMINGTON, chairman of the Committee of Revision of the United States Pharmacopoeia and dean of the Philadelphia College of Pharmacy, died at his home in Philadelphia on January 1.

DR. GEORGE R. OSBORN, LaPorte, with commission as captain in the Medical Reserve Corps, was ordered to report January 7 for instruction at the Mayo Clinic, Rochester, from where he will be sent to Fort Riley, Kan.

INDIANAPOLIS reports an epidemic of diphtheria, the organism of which is said to be the most virulent found in the city for some years. More than 250 cases of smallpox during the month of January were reported in the same city.

Minnesota Medicine, the new official organ of the Minnesota State Medical Association, made its initial appearance in January. Heretofore the Association has officially recognized the *Journal-Lancet* of Minneapolis, but their contract with this publication expired with December, 1917.

FIRST Lieutenants Paul B. Coble, Indianapolis, and George D. Marshall, Kokomo, have been promoted to the captaincy in the Medical Reserve Corps. Both have been located at Camp Zachary Taylor, Ky., and they were the first two officers of the medical department to receive promotions.

THE first of six American hospital trains, which are being built in England for service in France, started from London for American headquarters December 31. The train consists of sixteen cars, and was built in less than eleven weeks.

DAVID BYERS, the Indiana leprosy patient, died January 5 at his home at Fort Branch, where he had been quarantined with his family since the diagnosis of his malady two years ago. The death was kept secret until after burial in the local cemetery.

"ARRANGEMENT of Work in Internal Medicine" was the subject of a paper assigned to Dr. Charles P. Emerson for the meeting of the Association of American Medical Colleges in connection with the annual congress on Medical Education and Licensure, held at the Congress Hotel, Chicago, February 4 and 5.

THE work of the Indianapolis office, with explanations of Federal laws affecting the physician, formed the subjects of an address by F. E. Raschig, acting executive secretary, scheduled for the annual meeting of the Elkhart County Society at Goshen.

THE first tuberculosis hospital in France created wholly by the American Red Cross is the Edward L. Trudeau Tuberculosis Sanitarium, Paris, which was opened on Christmas Day. Dr. James I. Gamble of Baltimore, with a corps of Red Cross nurses, is in charge.

THE new \$30,000 addition to the Good Samaritan Hospital, Sullivan, is completed, and was thrown open to the public for inspection on January 17. With the new addition the hospital now has a capacity of sixty beds, and also houses the nurses connected with the hospital.

MAJOR FRANK BILLINGS, M. R. C., who has been acting as medical adviser to the governor of the State of Illinois, has been assigned to the Provost Marshal General's Office, Washington, D. C., as adviser to the Provost Marshal in connection with the medical problems under the Selective Service Law.

DOCTORS who attended the session of the State Association at Evansville last September and enjoyed a moonlight ride on the steamer *Joe Fowler*, will be interested to learn that the sturdy craft has fallen victim to the ice gorges which swept the Ohio, going down after being torn from her moorings.

THE Fulton County Medical Society met at Rochester January 11 and was addressed by Dr. Harley Taylor on "The Relations of a Physician to the Draftee." Officers for 1918 were elected as follows: President, Dr. B. F. Overmyer, Leiters; vice-president, Dr. G. E. Hoffman, Rochester; secretary-treasurer, Dr. A. E. Stinson, Athens.

THE appointment of the following named captains in the Medical Reserve Corps as majors in the Medical Reserve Corps, with rank from Dec. 26, 1917, is announced: Charles Marion Aves, John Taylor Barbee, Herbert Hazeltine Forthingham, Woods Walker Lynch, Frank R. Maura, Edward August Meyerding, Mahlon Dickerson Ogden, Harry Alexander Peyton, William Edward Shea, Edward Burnside Simmons, Louis A. Spaeth and Albert Roltild Goodman.

THE town of Hayden, Jennings County, population of 375, has been without a physician, and the citizens of the town petitioned the State Board of Health to send them a physician to care for the unusually large number of people who were ill and could not receive attention from Seymour and North Vernon physicians because of the impassable roads.

DURING January the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Nonofficial Remedies:

The Abbott Laboratories, Chlorazene Surgical Powder; Calco Chemical Company, Betanaphthyl Salicylate (Calco); Merck and Company, Acetylsalicylic Acid-Merck

DR. L. L. CULP, formerly of Fort Wayne, who for the past few years, under the direction of the Government, has been doing eye work, with special reference to trachoma and its results, among the various Indian schools and reservations, has now been given special assignment in charge of the Red Lake (Minnesota) Indian Hospital, and will probably be stationed there until after the war.

THE members of the Johnson County Medical Society, with their wives, enjoyed a winter picnic on New Year's day at the home of Dr. and Mrs. L. D. Whitesides, Franklin. Officers for the coming year were elected as follows: President, Dr. L. E. Cox, Greenwood; vice-president, Dr. J. V. Baker, Edinburg; secretary-treasurer, Dr. C. O. Murphy, Franklin; censor, Dr. J. N. Records, Franklin.

THE Indianapolis Board of Health recently appointed new city sanitary officials as follows: Contagious disease physician, Dr. William H. Long; chief meat inspector, Dr. C. F. Stout; sanitary inspectors, Cyrus Clark and John Petrovich; night supervisor contagious disease Annex City Hospital, Miss Mae Taylor; instructress to nurses at City Hospital, Miss Anna Callie.

THE Jay County Medical Society met in regular session at Portland January 5 and was addressed by Dr. Charles McCormick, Indianapolis, on the subject of "Prenatal Care." Officers for the coming year were elected as follows: President, Dr. N. L. Heller, Dunkirk; vice-president, Dr. Arthur W. Bloxsome, Pennville; secretary-treasurer, Dr. W. D. Schwartz, Portland.

DR. EUGENE BUEHLER of Indianapolis, a captain in the Spanish-American war, again has entered the Army service, and has been stationed at Fort Riley, Kansas, with the rank of major. Dr. Buehler for some years has been business manager for the Indianapolis *Medical Journal*, and this work will be cared for by Dr. Amelia Keller during his absence.

FIRST LIEUT. WALTER F. HICKMAN of Indianapolis, attached to evacuation hospital unit No. 1, which left Fort Riley, Kan., last December for overseas duty, has arrived safely in France, according to word just received by his parents. Lieutenant Hickman enlisted in the Medical Reserve Corps last June and reported at Fort Riley on August 14. He was assigned as assistant surgeon of the hospital unit.

THE Red Cross war council has appropriated \$4,771,990 for activities of the American Red Cross in Italy from Nov. 1, 1917, to May 1, 1918. These appropriations are based upon cabled recommendations embodying the result of observation and inquiry by Major Grayson M. P. Murphy, Red Cross commissioner in Europe, and also by the permanent operating commission, which has now arrived in Italy, headed by Robert E. Perkins of New York.

As a means of keeping the doctors at the front informed of the news and gossip back home, the Indianapolis society has appointed a committee of seven members, including the secretary, to obtain newsy letters to be forwarded to France. These letters, written by everybody to everybody will be sent first to Lilly Base Hospital, and after they have been read by this unit will then go to other doctors "somewhere in France."

PLANS for a complete military program for the prevention of tuberculosis in the Army have been perfected by the National Association for the Study and Prevention of Tuberculosis, working in cooperation with the Surgeon-General, the Y. M. C. A., and other agencies. This, it is predicted, will put the impending second draft on a better health basis than the first. The program will include not only a follow-up for every man discharged on account of tuberculosis, but a thorough-going health educational campaign among the soldiers.

THE H. K. Mulford Company, Philadelphia, have issued a bulletin on "The Diagnosis and Treatment of Cerebrospinal Fever," containing comprehensive information on symptoms, diag-

nosis, treatment, carriers and culture, which should be of considerable value to physicians, especially at this season of the year when cerebrospinal fever prevails. The information contained in the brochure has been secured from hospitals, both military and naval, boards of health, and, in general, from the entire world. Write Mulford & Co. direct for a copy of the booklet.

MAJOR THEODORE C. JANEWAY, M. R. C., Baltimore, head of the Section on Cardiovascular Diseases of the Division of Internal Medicine at the Surgeon-General's office, died Dec. 27 from pneumonia. Dr. Janeway was instructor and lecturer at the Medical School of New York University, later becoming associate professor; in 1909, professor of medicine in the medical school of Columbia University, and in 1914 accepted the chair of medicine at Johns Hopkins University. He also was one of the scientific directors of the Rockefeller Institute for Medical Research.

THE Federal Trade Commission has granted to three American firms license to manufacture and sell the preparations heretofore known as veronal and novocain, hitherto controlled by enemy aliens under American patents. The Abbott Laboratories, Chicago, have been licensed to produce and sell veronal under a non-exclusive license, hereafter to be known as barbital. The Rector Chemical Company of New York and the Farbwerke-Hoechst Company have been licensed to manufacture and sell novocain, hereafter to be called procaine.

DR. JOHN QUINCY ALLEN, former Indiana physician, was found dead in his automobile on a mountain road near Montrose, Colo., early in January, and the body was shipped to Indianapolis for burial. Dr. Allen graduated from the Indiana Medical College in the early eighties, being a classmate of Drs. F. A. Morrison, J. H. Oliver and O. G. Pfaff; served as intern at the Indianapolis City Hospital under the superintendency of Dr. W. N. Wishard, and practiced medicine at West Newton and Plainfield. He removed to Colorado many years ago, where he continued to reside until the time of his death.

EIGHT county medical societies so far have voted to pay the dues of their members in the military service. They are Marion (the Indianapolis society), St. Joseph, Kosciusko, Whitley, Knox, Elkhart, Hancock and Sullivan. The Indianapolis society has sixty-eight members in service at present, with more expected to go. At

first the members in military service were made honorary members, but funds to pay their full dues were voted at the last meeting in January. A beautiful silk service flag containing sixty-eight stars has been unfurled at the society's headquarters. The meeting at which the dues were voted was held at the City Hospital where clinical cases were presented.

THE first number of the *American Journal of Ophthalmology* (January, 1918) has just come from press. This new journal represents a merger of all American ophthalmic journals, including the *American Journal of Ophthalmology*, *Annals of Ophthalmology*, the *Ophthalmic Record*, *Anales de Oftalmologia*, *Ophthalmology*, *Ophthalmic Year Book and Literature*. Dr. Edward Jackson, Denver, is Editor; Dr. Clarence Loeb, St. Louis, Associate Editor. This journal is to be published monthly by the Ophthalmic Publishing Company, 7 West Madison Street, Chicago, and the subscription price \$10 per year in advance.

At the recent meeting of the State Board for Medical Registration and Examination officers for the coming year were elected as follows: Secretary, Dr. W. T. Gott, Crawfordsville (re-elected); president, Dr. J. M. Dinnen, Fort Wayne; vice-president, Dr. A. E. Caine, Marion; treasurer, Dr. M. S. Canfield, Frankfort. Resolution was adopted at this meeting to the effect that hereafter only one examination for physician's license will be held each year, and that the examinations shall be in English only. At the last examination one applicant was examined in Greek, and several women, applying for licenses in midwifery, were examined in Polish.

THE laboratory of the Army Medical School at Washington, since April 1, has shipped sufficient typhoid and paratyphoid vaccine to inoculate every man in the Army against these diseases, and in addition it has made all the vaccines used by the Navy since that date. In the six months between April 1 and Nov. 1 the laboratory has shipped 8,843,047 c.c. of vaccine. Enough typhoid vaccine has been shipped to vaccinate 1,051,604 men. Enough of the double vaccine, used to inoculate against paratyphoid A and paratyphoid B, has been sent out to vaccinate 77,352 men. Since July 1, when large scale production was begun of a triple vaccine used against all three diseases, typhoid and both of the paratyphoids, enough of this triple vaccine has been shipped to vaccinate 1,489,902 men.

A NEW publication, the *Medical Bulletin*, a review of our war medicine, surgery and hygiene, published by the American Red Cross Society in France, has appeared recently. The first number is dated November, 1917. In it announcement is made of the appointment of a research committee of the American Red Cross in Europe. The address of the secretary of the committee is 6 Rue Piccini, Paris XVI, and a central laboratory in Paris has been established at the Red Cross Military Hospital at the same address. A research society has been founded, to meet once a month in Paris, and the *Medical Bulletin* will contain abstracts of papers read at the monthly meetings of this society, as also articles appearing in English, French and American medical journals. A library of current medical journals has also been established at the office of the *Bulletin*. The publication will be issued monthly, and will be furnished, without charge, to physicians and surgeons with the American Army in France, and for those of our allies who may find it helpful. The matter appearing in the *Bulletin* is classified under surgical, medical, radiologic, bacteriologic, nervous and mental, and skin and genito-urinary.

ON the recommendation of the Surgeon-General of the Army a board has been appointed to fix more definitely than at present the standards by which is to be determined the physical fitness of registrants for duty under the Selective Service Law and of applicants for enlistment. The work of the board will constitute the revision of so much of the regulations issued under the Selective Service Law and of the Manual for Recruiting Officers as is related to physical examination. By this revision it is hoped to make as nearly uniform as may be practicable the methods followed and the standards adopted by the examining physicians associated with local boards and with medical advisory boards, and to harmonize these standards with the methods and standards of officers on recruiting duty. The board consists of: Col. George E. Bushnell, U. S. Army, retired; Lieut.-Cols. Thomas L. Rhoads and Phillip W. Huntington, M. C.; Majors Pearce Bailey, Joseph C. Bloodgood, Elliot C. Brackett, William H. Logan, Warfield R. Longcope, Walter R. Parker and Chafes W. Richardson, M. R. S.; Contract Surg. Henry H. Morton, U. S. Army; alternate, Contract Surg. William A. Pusey, U. S. Army.—*Journal A. M. A.*, January 19.

THE only way in which a pharmacist can dispense alcohol is in the form of medicated alcohol, the medication to be introduced at the time of, and not in advance of, the sale. The medication which may be used must conform to one of the following ten formulas:

1. Carbolic acid, 1 part; alcohol, 99 parts.
2. Formaldehyde, 1 part; alcohol, 250 parts.
3. Bichloride of mercury, 1 part; alcohol, 2,000 parts.
4. Bichloride of mercury, 0.8 gram; hydrochloric acid, 60 c.c.; alcohol, 640 c.c.; water, 300 c.c.
5. Bichloride of mercury, 1½ grains; hydrochloric acid, 2 drams; alcohol, 4 ounces.
6. Formaldehyde, 2 parts; glycerin, 2 parts; alcohol, 96 parts.
7. Carbolic acid, 1 dram; tannic acid, 1 dram; alcohol, 1 pint; water, 1 pint.
8. Alum, ½ ounce; formaldehyde, 2 drams; camphor, 1 ounce; alcohol and water, each 1 pint.
9. Lysol, 1 part; alcohol, 99 parts.
10. Liquor Cresolis Comp. (U. S. P.), 10 c.c.; alcohol, 1,000 c.c.

The alcohol thus medicated must bear a poison label. It is quite important that physicians should bear these facts in mind, as they will find themselves confronted with this law and these regulations whenever ordering alcohol for their patients.—*New York Medical Journal*, December 29.

MEDICAL advisory boards appointed to consider referred cases from the various conscription boards have been almost swamped with work. Night sessions have been the rule with the two Indianapolis divisions, one of which consists of Drs. H. F. Beckman (chairman), Bernhard Erdman, W. P. Garshwiler, Alfred Henry, A. L. Marshall, E. O. Lindenmuth, R. J. Kemper and Joseph Gilmore (dentist), and the other of Drs. S. E. Earp (chairman), Albert M. Cole, H. G. Hamer, Harry Langdon, Clark Rogers, Murray H. Hadley and M. M. House (dentist). An example of the valuable service rendered by these boards to draftees whose physical qualifications are questioned is afforded by the case of an Indiana doctor's son sent before one of the Indianapolis groups. He had been operated on for appendicitis a year before, but the examination disclosed an apparently enlarged kidney. A roentgen ray was taken by Dr. Cole which disclosed two large stones in the

kidney. An operation now makes an early cure certain, while the applicant's life probably would have been forfeited if the trouble had not been ascertained. The examinations made so far have consisted of transfers from other places, and the regular work of assisting Indianapolis conscription boards will not begin before the middle of February. Fifty cases were scheduled for one board the first Saturday night this month, indicating the amount of work which this service has entailed.

THE Madison County Medical Society has issued the following program for 1918:

January 29.—A discussion of vomiting as a symptom and the absurdity of treating indigestion.

February 26.—Will be devoted to reading letters that have been requested from every member in military service.

March 26.—Discussing alcohol as a medical and surgical necessity and the new laws governing its use and abandonment.

April 23.—A meeting considering the necessity of education of both layman and doctor in treatment and care of the pregnant woman.

May 28.—The theories and practicability of applied eugenics in Burbanking the human race.

June 25.—A late afternoon meeting with a get-together dinner at 6 o'clock and a round table discussion of vaccines and serums.

The above program for the first half year will be given by members of the society and if possible have an invited guest from some other society take part in each meeting.

No monthly announcement will be mailed out, so please post this notice where you can use it as a reminder.

If you are delinquent in your dues and fail to get your state journal next month, and when you need it find you have no protection from the state society, just blame yourself.

Unless otherwise provided for, all meetings will be held in Anderson at 4 p. m. in the public library.

M. A. AUSTIN,
Secretary-Treasurer.

THE Navy Department of the United States has been sending out an urgent appeal for binoculars, spy-glasses and telescopes. The use of the submarine has so changed naval warfare that more "eyes" are needed on every ship in order that a constant and efficient lookout may be maintained. Sextants and chronometers also are urgently required. Heretofore the United States has relied almost entirely upon foreign countries for its supply of such articles, but

with these channels of supply closed, and with no stock on hand in this country to meet the present emergency, it has become necessary to appeal to the patriotism of private owners to furnish these glasses. It is emphasized that all articles shall be securely tagged, giving the name and address of the donor and forwarded by mail or express to the Honorable Franklin D. Roosevelt, Assistant Secretary of the Navy, care of Naval Observatory, Washington, D. C., so that they may be acknowledged by him. Articles not suitable for naval use will be returned to the sender. Those accepted will be keyed, so that the name and address of the donor will be permanently recorded at the Navy Department, and every effort will be made to return them, with added historic interest, at the termination of the war. It is of course impossible to guarantee them against damage or loss. As the Government cannot, under the law, accept services or material without making some payment therefor, one dollar will be paid for each article accepted, which sum will constitute the rental price, or, in the event of loss, the purchase price of such article.

SURGEON-GENERAL OF THE ARMY WILLIAM C. GORGAS has ordered that steps be taken for the elimination from the service of all incompetent medical officers. In this category will be placed officers not fully qualified to perform their duties because of mental and physical incapacity, bad habits, or laziness. By the provisions of this order, effective December 14, officers assigned to duties that they can not competently perform because of unsuitable previous training will be transferred and tried in other positions. If then unable to do satisfactory work, they will be reported to the Surgeon-General as unfit and sent before a board with a view to their discharge from the service.

Orders to Commanding Officers. Recognizing that a proportion of medical officers are not fully qualified to perform their duties because of physical disability, mental incapacity, temperamental unfitness, laziness, inability to command men, lack of education or proper training, all division surgeons, commanding officers of base hospitals and other medical officers having subordinates are directed to list those whose work has not been satisfactory. If mental incapacity is suspected, psychological examinations will be given to determine the fact. Systematic instruction in military hospitals recommended to remedy incompetency due to poor training in the technic of professional work.

The medical officers' training camps are relied upon to correct deficiencies other than professional incapacity.

To Be Given Fair Trials. Medical officers who have been transferred will be given proper instruction in their new work and will not be discharged from the service until their superiors are convinced that they cannot become competent within a reasonable time. No action for discharge will be taken until they have failed in two lines of work, viz., the professional care of the sick and disabled and medical field work, the latter including camp sanitation, handling of men, first aid and transportation of wounded.—*Illinois Medical Journal*, January, 1918.

ORDERS to officers of the Medical Reserve Corps as pertains to Indiana doctors, during month of January:

To Camp Fremont, Palo Alto, Calif., for duty, from Fort Oglethorpe, Major FRANK F. HUTCHINS, Indianapolis.

To Camp Funston, Fort Riley, Kan., base hospital, from St. Louis, Lieut. FRED G. EBERHARD, South Whitley.

To Camp McClellan, Anniston, Ala., for duty, from Fort Oglethorpe, Lieut. GROVER A. SMITH, Bryant.

To Cleveland, Ohio, for instruction, and on completion to his proper station, from Camp Sherman, Capt. REFUS J. DANNER, West Terre Haute.

To Fort Clarke, Texas, Sanitary Train, Third Division, from Fort Oglethorpe, Lieut. RAYMOND A. BUTLER, Beech Grove.

To Fort McPherson, Ga., Hospital Unit "L," Capt. JAMES McC. STODDARD, Anderson.

To Fort Oglethorpe, Sanitary Train, Third Division, from Fort Oglethorpe, Lieut. RAYMOND A. BUTLER, Beach Grove.

To Fort Riley, for instruction, from Chicago, Lieuts. BYRLE R. KIRKLIN, Muncie; ROBERT W. REID, Union City.

To Hoboken, N. J., for duty, from Fort Benjamin Harrison, Lieut. SCOTT R. EDWARDS, Indianapolis.

To Pittsburgh, Pa., for instruction, and on completion to his proper station, from Camp Sherman, Capt. MALCOLM B. FYFE, Wheatfield.

To Fort Logan H. Roots, Arkansas, for temporary duty, from St. Louis, Lieut. WARREN W. HEWINS, Evansville.

To Fort Oglethorpe, for instruction, Lieut. WILL C. MOORE, Summitville.

To Fort Riley, for instruction, Major EUGENE BUEHLER, Indianapolis; Lieut. PAUL V. LYNCH, Indianapolis.

To Hoboken, N. J., for duty, from Camp Mills, Lieuts. WALLACE C. DYER, Evansville; FRANK A. BRAYTON, Indianapolis.

To Rochester, Minn., Mayo Clinic, for instruction, Capt. GEORGE R. OSBORN, Laporte.

To San Antonio, Texas, for duty, from Mineola, L. I., N. Y., Capt. WALDO C. FARNHAM, Fort Wayne.

To South San Antonio, Texas, for duty, Capt. WILLIAM C. MOSS, Bunker Hill.

To his home and honorably discharged on account of being physically disqualified for active service, Lieut. THOMAS I. PADGETT, Jasonville.

To Camp Bowie, Fort Worth, Texas, base hospital, from Presidio, Lieuts. JAMES B. SHOEMAKER, Miami; MICHAEL ROBINSON, Muncie.

To Camp Cody, Deming, N. M., base hospital, from St. Louis, Lieut. GEORGE W. BOWMAN, Indianapolis.

To Camp Kearny, Linda Vista, Calif., base hospital, from Presidio, Capt. CHARLES E. COTTINGHAM, Indianapolis.

To Camp MacArthur, Waco, Texas, base hospital, from Presidio, Lieut. BEN WEBSTER, Kingsbury; for duty, Lieut. EDWARD A. WEIR, Terre Haute.

To Camp Pike, Little Rock, Ark., base hospital, from Presidio, Lieut. ORA L. MCCOY, Romney.

To Camp Sheridan, Montgomery, Ala., base hospital, Lieuts. ELDO H. CLAUSER, Muncie; MORRIS H. C. JOHNSON, Vincennes.

To Camp Taylor, Louisville, Ky., for duty, from Camp Taylor, Lieut. HERMAN W. SMELSER, Comersville.

To Fort Leavenworth, Kan., department laboratory, from Presidio, Lieut. NAPOLEON LABONTE, Indianapolis.

To Fort Oglethorpe, for instruction, Capt. JAMES H. WALKER, Jeffersonville; Lieuts. RUSSELL A. GILMORE, Michigan City; JAMES F. HATFIELD, Walton; as commanding officer Convalescent Camp No. 1, from Fort Oglethorpe, Lieut. HARRY C. SHARP, West Baden.

To St. Louis, Mo., Washington University, for instruction in urology and dermatology, from Camp Logan, Lieut. WARREN D. CALVIN, Fort Wayne.

To Camp Greene, Charlotte, N. C., for duty, from Camp Greene, Lieut. BROWN S. McCLINTIC, Peru; from Camp Wheeler, Lieut. JAMES W. DUCKWORTH, Indianapolis.

To Camp Travis, Fort Sam Houston, Texas, for duty in orthopedic work, from Oklahoma City, Lieut. REAVILL M. WALDEN, Evansville.

To Fort Oglethorpe, for instruction, Lieuts. CARL E. ABELL, Evansville; WALTER D. MARTIN, Kramer.

To Fort Riley, for instruction, Lieuts. ALFRED A. HADLEY, Jasonville; MARTIN E. HARRELL, Kokomo; MERILL D. DAVIS, Marion.

To Morrison, Va., for duty, Lieut. WALTER F. VANDAMMENT, Kennard.

To Rockefeller Institute, New York City, for instruction and on completion to Bellevue Hospital, New York City, for instruction and on completion to his proper station, from Walter Reed General Hospital; Lieut. ARVINE E. MOZINGO, Tipton.

To San Francisco, Calif., for duty, from Presidio, Lieuts. HOMER H. TALLMAN, Culver; THOMAS B. JOHNSON, Jamestown; HENRY H. REEDER, Jeffersonville; IRVING A. WHITLATCH, Milan; HARVEY S. COOK, Worthington.

To Vancouver Barracks, Washington, for duty, from Presidio, Capt. FREDERICK L. DARROW, East Haven.

To their homes and honorably discharged on account of being physically disqualified for active service, Major FRANCIS M. WALL, Warren; Capt. ZERA M. BEAMAN, North Manchester.

CORRESPONDENCE

MEDICAL STUDENTS IN M. E. R. C.
INSTEAD OF M. R. C.

FORT BENJAMIN HARRISON,

Jan. 29, 1918.

Editor THE JOURNAL:

IN THE JOURNAL for January you speak of medical students belonging to the M. R. C. This is not exactly correct. They belong to an especially created organization, the M. E. R. C.—Medical Enlisted Reserve Corps—and are subject to requirements of enlisted men as the War Department has laid down in a special act.

Am giving you this for your information—not to show what I know about it.

O. B. NORMAN, Captain M. R. C.

MID-WINTER MEETING OF EYE,
EAR, NOSE AND THROAT
SPECIALISTS

INDIANAPOLIS. Jan. 28, 1918.

Editor THE JOURNAL:

The mid-year meeting of the Eye, Ear, Nose and Throat Section of the Indiana State Medical Association will be held in Indianapolis at the Hotel Severin on March 6 and 7. The date

originally selected was changed on account of the present uncertainty of rail and interurban traffic.

An exceptionally valuable program has been arranged, and you are requested to urge every member of the Section to be present at this, the first mid-year meeting of the Section. The meeting will be called to order at 1:30 p. m. on Wednesday, March 6, and will adjourn at noon on Thursday, March 7. On Wednesday evening there will be a smoker and an important business meeting at which will be discussed the advisability of establishing an Indiana Eye, Ear, Nose and Throat Society.

The indications all point to a very good attendance from over the state, and it would be advisable for members to write the Hotel Severin for accommodations in advance.

The officers of the Section are very desirous that we have a large attendance at this meeting and assure the members that the excellence of the program will more than repay them for the expense of the trip.

Yours very truly,

JOHN R. NEWCOMB, M. D.,
Chairman.

MORE DOCTORS NEEDED FOR MILITARY SERVICE

INDIANAPOLIS, Jan. 29, 1918.

Editor THE JOURNAL:

I wish to make the following statement through THE JOURNAL:

There exists among doctors in some sections of the state a misunderstanding of the need for additional members of the Medical Officers Reserve Corps. The fact that a good many physicians who have received commissions in the Reserve Corps have not yet been called into active duty has led to the belief on the part of many that the Medical Officers Reserve Corps is overrecruited. This is erroneous. All of the men who have received commissions will be called into active duty as soon as places can be made for them.

It is an unfortunate mistake that many men have given up their practices, expecting immediate call. No commissioned medical officer should discontinue his practice until the fifteen day notice for actual duty is received.

There is also an unfortunate understanding as to the likelihood of many expulsions from the Reserve Corps because of incompetency. Not a single man who has entered the Reserve Corps in Indiana has been dismissed for incompetency. Therefore, this danger is very slight.

Misstatements concerning the mortality among the medical officers of the armies of the Allies have found their way into publications of all sorts. Gross exaggerations have been made by newspapers and medical magazines. On the authority of Surgeon-General Gorgas, and Colonel Goodwin of the British army, it may be said that on all of the fronts where the English have served, in France, Flanders, Egypt, Mesopotamia, Africa, etc., there were lost during the first three years of the war no more than 265 medical officers. Reports given out on apparently good authority have stated that the loss of medical officers ran high into the thousands. Such reports, as will be seen from Colonel Goodwin's statement, are entirely without foundation.

More men are actually needed for the Medical Officers Reserve Corps, though they may not be called into actual service for several months. Any commissioned officer under 45 years of age who desires active service immediately can receive appointment to active service by communicating with the undersigned or with Major John D. McLean, Council of National Defense, Washington, D. C.

Very respectfully,

JOSEPH RILUS EASTMAN,
Chairman Indiana Committee, Medical Section, Council of National Defense.

REPORTING OF ACCIDENTS FROM LOCAL ANESTHETICS

CHICAGO, ILL., Jan. 15, 1918.

To the Editor:—The Committee on Therapeutic Research of the Council on Pharmacy and Chemistry of the American Medical Association has undertaken a study of the accidents following the clinical use of local anesthetics, especially those following ordinary therapeutic doses. It is hoped that this study may lead to a better understanding of the cause of such accidents, and consequently to methods of avoiding them, or, at least, of treating them successfully when they occur.

It is becoming apparent that several of the local anesthetics, if not all of those in general use, are prone to cause death or symptoms of severe poisoning in a small percentage of those cases in which the dose used has been hitherto considered quite safe.

The infrequent occurrence of these accidents and their production by relatively small doses point to a peculiar hypersensitiveness on the

part of those in whom the accidents occur. The data necessary for a study of these accidents are at present wholly insufficient, especially since the symptoms described in most of the cases are quite different from those commonly observed in animals even after the administration of toxic, but not fatal, doses.

Such accidents are seldom reported in detail in the medical literature, partly because physicians and dentists fear that they may be held to blame should they report them, partly, perhaps, because they have failed to appreciate the importance of the matter from the standpoint of the protection of the public.

It is evident that a broader view should prevail, and that physicians should be informed regarding the conditions under which such accidents occur in order that they may be avoided. It is also evident that the best protection against such unjust accusations, and the best means of preventing such accidents consist in the publication of careful detailed records when they have occurred, with the attending circumstances. These should be reported in the medical or dental journals when possible; but when, for any reason, this seems undesirable, a confidential report may be filed with Dr. R. A. Hatcher, 414 East Twenty-Sixth Street, New York City, who has been appointed by the Committee to collect this information.

If desired, such reports will be considered strictly confidential so far as the name of the patient and that of the medical attendant are concerned, and such information will be used solely as a means of studying the problem of toxicity of this class of agents, unless permission is given to use the name.

All available facts, both public and private, should be included in these reports, but the following data are especially to be desired in those cases in which more detailed reports cannot be made:

The age, sex, and general history of the patient should be given in as great detail as possible. The state of the nervous system appears to be of especial importance. The dosage employed should be stated as accurately as possible; also the concentration of the solution employed, the site of the injection (whether intramuscular, perineural or strictly subcutaneous), and whether applied to the mouth, nose or other part of the body. The possibility of an injection having been made into a small vein during intramuscular injection or into the gums should be considered. In such cases the action begins almost at once, that is, within a few seconds.

The previous condition of the heart and respiration should be reported if possible; and, of course, the effects of the drug on the heart and respiration, as well as the duration of the symptoms, should be recorded. If antidotes are employed, their nature and dosage should be stated, together with the character and time of appearance of the effects induced by the antidotes. It is important to state whether antidotes were administered orally, or by subcutaneous, intramuscular or intravenous injection, and the concentration in which such antidotes were used.

While such detailed information, together with any other available data, are desirable, it is not to be understood that the inability to supply such details should prevent the publication of reports of poisoning, however meager the data, so long as accuracy is observed.

The committee urges on all anesthetists, surgeons, physicians and dentists the making of such reports as a public duty; it asks that they read this appeal with especial attention to the character of observations desired.

TORALD SOLLMANN, Chairman,

R. A. HATCHER, Special Referee,
Therapeutic Research Committee of the
Council on Pharmacy and Chemistry
of the American Medical Association.

SOCIETY PROCEEDINGS

STANDING OF COUNTIES IN ONE HUNDRED PERCENT CLUB CONTEST

Membership	Dues Paid by January 15	
	1917	1918
Tipton County.....	23	24
Union County.....	8	9
Clinton County.....	20	19
Floyd County.....	31	28
Fulton County.....	16	15
Dearborn-Ohio County.....	24	24
Lagrange County.....	20	20
Jay County.....	17	15
Owen County.....	14	12
Perry County.....	12	11
Steuben County.....	13	11
Switzerland County.....	9	7
Washington County.....	5	3
Wells County.....	25	22
White County.....	8	5
Decatur County.....	18	14
Dubois County.....	16	12
Warrick County.....	14	10
Jasper-Newton County.....	19	15
Cass County.....	46	41
Pulaski County.....	16	11
Whitley County.....	21	16

	1917	1918
Benton County.....	17	11
Jefferson County.....	20	14
Lawrence County.....	24	18
Greene County.....	18	11
Morgan County.....	16	9
Adams County.....	20	13
Tippecanoe County.....	60	53
Jennings County.....	15	7
Knox County.....	44	36
Posey County.....	17	7
Johnson County.....	21	9
Kosciusko County.....	24	12
Spencer County.....	19	7
Sullivan County.....	33	21
Wabash County.....	25	13
Boone County.....	22	9
Hendricks County.....	26	13
Huntington County.....	33	19
Daviess County.....	25	10
Fountain-Warren County...	33	18
Randolph County.....	28	11
Gibson County.....	33	9
Henry County.....	41	10
LaPorte County.....	51	18
Delaware-Blackford County	72	40
Madison County.....	52	19
Vanderburgh County.....	70	24
Wayne County.....	55	8
Lake County.....	104	54
Marion County.....	329	67

INDIANA STATE MEDICAL ASSOCIATION

REPORT OF SECRETARY FOR FISCAL YEAR
ENDING DEC. 31, 1917

Membership Jan. 1, 1917.....	2,585
New Members 1917.....	259
	<hr/> 2,844
Deceased	25
Resigned	2
Expelled	1
Removed from State.....	25
Dropped for Nonpayment of Dues.....	122
	<hr/> 175
Membership Jan. 1, 1918.....	2,669

With this year, the Association reaches the greatest numerical strength in its history. The nearest approach to this mark was in 1909 while the State dues were still \$1. Doubtless the same decrease will be experienced this year on account of increasing the dues, and it will be several years before we again climb over this record.

Reports show an organization in every county except Brown and Starke, the latter county becoming defunct after an existence of four years. Blackford County affiliated with Delaware County to become the Delaware-Blackford County Society.

Attention is called to the fact that the state of the exchequer is alarming and close economy must be practiced this year in spite of the increased dues. Other state associations have raised their dues this year simply to cover a deficit in the cost of publishing their state journals, but we still pay Dr. Bulson 75 cents per annum, the same as we have for ten years.

CHARLES N. COMBS, Secretary.

TREASURER'S CONDENSED REPORT FOR FISCAL YEAR
ENDING DEC. 31, 1917

RECEIPTS

Cash on hand Jan. 1, 1917.....	\$2,591.56
Dues	5,338.00
Exhibitors	90.00
Assessments	823.00
Donation	200.00
	<hr/> \$9,042.56

DISBURSEMENTS

Journal	\$2,001.75
Medical Defense Fund.....	2,001.75
Secretary-Treasurer's Office	382.81
Executive Secretary's Office.....	3,055.56
Evansville Session	631.32
Printing	192.40
Councilors	6.20
	<hr/> \$8,271.79

Cash on hand Jan. 1, 1918.....\$ 770.77

SECRETARY'S FINANCIAL REPORT

RECEIPTS

Balance on hand Jan. 1, 1917.....	\$2,591.56
Received of County Societies (2,669 members at \$2).....	5,338.00
Evansville Exhibitors	90.00
	<hr/> \$8,019.56

DISBURSEMENTS

Jour. Subscriptions (2,669 members).....	\$2,001.75
Medical Defense (2,669 members).....	2,001.75
Printing and Stationery.....	192.40
Councilors' Expenses	6.20
Secretary and Expenses.....	365.31
Treasurer's Bond	17.50
Evansville Meeting—	
Rent	\$200.00
Stenographers	280.26
Badges	45.30
Programs	25.00
Committees	11.87
Miscellaneous	68.89
	<hr/> 631.32

Executive Secretary—

Rent	\$ 50.00
Stenographer	30.00
Salary	75.00
Furniture	117.20
Stationery	12.75
Stamps	25.00
Office Supplies	11.65
Cash	1,800.00
	<hr/> 2,121.60
	<hr/> \$7,337.83

Balance Jan. 1, 1918.....\$ 681.73

EXECUTIVE SECRETARY'S FINANCIAL REPORT

RECEIPTS

Balance on hand Jan. 1, 1917.....	\$ 00.00
Received from Treasurer.....	1,800.00
Assessments at \$1 each.....	823.00
Donation	200.00
	<hr/> \$2,823.00

DISBURSEMENTS

Rent	\$525.00
Salary	825.00
Stenographer	651.00
Furniture	92.58
Printing and Stationery.....	182.00
Postage	174.50
Office Supplies	74.35
Telegrams	55.46
Phones, Light, Etc.....	108.56
Traveling Expenses	45.51
	<hr/>
	2,733.96

Balance Jan. 1, 1918.....\$ 89.04

The Council

At the conclusion of a joint luncheon with the Committee on Legislation and the Committee on Administration (the guests of Drs. Wishard, Wynn, Thomas and Rilus Eastman at the Columbia Club, Indianapolis), the Council convened to hold its regular midwinter meeting. The following were present: Drs. W. R. Davidson, Evansville, First District; J. H. Weinstein, Terre Haute, Fifth District; O. J. Gronendyke, Newcastle, Sixth District; Thomas B. Eastman, Indianapolis, Seventh District; G. W. H. Kemper, Muncie, Eighth District; E. M. Shanklin, Hammond, Tenth District; E. E. Morgan, Fort Wayne, Twelfth District; H. M. Miller, South Bend, Thirteenth District; A. E. Bulson, Jr., Fort Wayne; J. R. Eastman, Indianapolis, and C. N. Combs, Terre Haute.

The councilors made their reports for their respective districts, the tabulation of which will be found on another page. The reports are less complete than usual, but many valid excuses were made for the lack of activities in some societies, particularly the loss of valued secretaries. Suggestions were made concerning the prosecution of the work of organization in lax county societies, and a general discussion followed.

The following motion was carried: Moved that the Council of the Indiana State Medical Association recommend to each component county society that the members remaining out of Service pay the dues of members joining the Service in order to continue them in good standing without adding to their many sacrifices already exacted.

Major Fred A. Tucker of the Ninth District was absent, being on duty at Fort Oglethorpe, and wrote concerning his absence and also tendered his resignation on the Auditing Committee. The chairman appointed Dr. Davidson in his place.

The secretary read a communication from the secretary of the Interstate Association of Anesthetists, proposing a joint session with us at our September meeting with the stipulation that one half day's session be a joint session on the subject of anesthesia. After a discussion in which the point was made that in all probability our attendance would be low, the proposal was accepted, and the secretary was notified to make the necessary arrangements.

Mr. F. E. Raschig, acting executive secretary, was present and made his report to the councilors. The same was discussed, accepted and ordered filed.

CHARLES N. COMBS, Secretary.

COUNCILORS' REPORTS

FIRST DISTRICT

	Members, 1916	Members, 1917	Eligible Non-members	No. of Society Meetings	Average Attendance	No. of Scientific Papers	No. of Case Reports
Perry	12	13	2	10	8	2	4
Pike	15	15	6	6	6	6	8
Posey	16	17	6	2	10	0	2
Vanderburg	73	70	..	..	..	..	..

SECOND DISTRICT

Knox	45	44	5	11	17	20	10
Sullivan	35	35	1	11	12.8	4	6
Owen	10	14	2	5	5	11	2

THIRD DISTRICT

Lawrence	24	24	4	7	6	7	7
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FOURTH DISTRICT

Bartholomew	27	29	10	13	10	11	6
Dearborn-Ohio	24	24	7	8	7	9	3
Decatur	17	18	2	20	8	10	10
Jackson	23	23	8	8	7½	1	3
Jefferson	48	19	5	15	7	6	12
Jennings	16	15	0	6	6	0	16

FIFTH DISTRICT

Parke-Vermilion .....	..	..	12	9	15	10	12
Putnam	20	22	6	6	8	6	..
Vigo	85	95	..	36	20	30	6

SIXTH DISTRICT

Hancock	21	21	2	14	10	10	..
Henry	35	41	10	10	14	8	10
Rush	20	22	1	1	0	0	0
Shelby	17	15	..	0	0	..	..
Union	7	8	1	5	5	12	1
Wayne	55	55	2	10	20	20	5

SEVENTH DISTRICT

Hendricks	27	27	4	5	15	8	10
Johnson	17	21	14	10	8	10	5
Marion	321	325	..	37	67	54	33
Morgan	6	16	10	5	4	5	2

NINTH DISTRICT

Clinton	18	20	18	12	5	8	2
Boone	18	22	..	..	..	..	..
Hamilton	23	23	..	6	10	6	4
Tiptecanoe	58	59	5	16	20	16	..
Tipton	15	13	0	12	10	3	0

TENTH DISTRICT

Lake	77	104	7	10	29	11	12
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ELEVENTH DISTRICT

Cass	44	45	2	37	11	51	28
Grant	51	48	0	12	19	15	6
Huntington	34	33	5	11	13	9	12
Miami	30	28	8	9	12	8	0
Wabash	25	25	11	11	..	14	8
White	6	8	6	5	8	2	6

TWELFTH DISTRICT

Allen	96	95	18	36	18	30	69
DeKalb	21	21	10	7	10	12	20
Lagrange	19	20	0	3	12	10	5
Noble	30	31	0	3	15	6	1
Steuken	19	17	10	10	5	4	20
Wells	25	25	3	16	12	5	30
Whitley	16	21	2	3	11	3	4

THIRTEENTH DISTRICT

Elkhart	57	61	2	9	18	13	..
Fulton	14	16	5	11	7	8	12
Kosciusko	22	24	8	10	10	10	25
Pulaski	5	16	0	12	12	20	0
Starke	7	0	0	0	0	0	0
St. Joseph	67	68	..	30	15	17	31

INDIANAPOLIS MEDICAL SOCIETY

Meeting of Jan. 8, 1918

Meeting of the Indianapolis Medical Society was called to order by the president, Dr. T. B. Noble. Minutes of the previous meeting were read and approved.

The names of Drs. M. E. Beverland and R. R. Coble were read for the second time. The application of Dr. William H. Kennedy from the Shelby County Society was received and read.

On the recommendation of the council to whom had been referred the matter of dues of those members of the society who had enlisted in the U. S. Service, these men by vote of the society were transferred from active to honorary membership during the time of such service.

A communication from Eliza G. Browning stated that Dr. J. Ewing Mears had notified the Public Library that he would this year contribute \$25 for subscriptions to medical journals to be kept on file in the Public Library.

The secretary-treasurer's report for the year 1917 was read and approved. This report showed the following:

Total receipts for the year.....	\$2,840.75
Total disbursements	2,098.10
Balance, Dec. 31, 1917.....	\$ 742.65
Total members Dec. 31, 1916.....	324
New members added.....	25
Total members for 1917.....	349
Members died	3
	346
Honorary members.....	7
In good standing.....	331
Affiliated	1
Delinquent	8
	347

The retiring president's address paid a fitting tribute to those who have made the supreme sacrifice and gone forth to aid in the great struggle which now holds civilization in the balance.

He then reviewed some 800 cases operated in the year just past and drew some interesting deductions therefrom.

The election of officers resulted as follows: Dr. Norman E. Jobes, president; Dr. F. O. Palmer, first vice president; Dr. E. F. Kiser, second vice president; Dr. A. L. Marshall, secretary-treasurer; Drs. O. W. McCaskey and Alfred Henry, council. Drs. Hamer, Carmack and Tomlin were elected delegates and Wright, Noble and Hadley were elected alternates.

The incoming president was escorted to the chair. No further business appearing the meeting was adjourned.

Attendance 78.

Meeting of January 15

Meeting of the Indianapolis Medical Society was called to order by the president, Dr. Norman E. Jobes.

Minutes of the previous meeting read and approved. The Council reported favorably on the applications of Drs. R. R. Coble, William H. Kennedy and M. E. Beverland and they were elected to membership in the society.

Paper: Nervous and Mental Diseases Incident to the War, by Dr. Max Bahr.

Abstract.—Never before in the history of mankind has the fact been so clearly emphasized that medicine is inseparable from the problems of war itself. The number of civilian cases that have been committed to the Central Indiana Hospital for the Insane, as brought on directly by the war, have been very few. A few cases of paranoia of the inventive type and also cases of paranoia who came in conflict with the military authorities by reason of their delusional ideas for opposing the drafting of soldiers into the army, were received. Several cases of hysteria in women were noted. In general, our observation of the cases already insane at the outbreak of the war, presented no marked demonstrable influence. A few cases manifested increased anxiety and restlessness, especially the depressed type of manic-depressive psychosis. Such cases were those that became greatly worried that probably some near relative would be called into service. The cases of paresis and dementia praecox showed plainly a loss of affective response to the war situation as would naturally be manifested in any normal individual.

The data on the military cases incorporated herein have been obtained from papers which have been published up to date and have appeared in several belligerent countries, especially from French, English and German journals.

War neuroses have been defined as those functional nervous conditions arising in soldiers, which are immediately determined by the conditions of modern warfare, and have a symptomatology whose content is directly related to the war. The term "shell shock," which has been adopted officially by the British War Office, implies a single etiology, the physical effect of high explosive shells on those subjected to bombardment who suffer no external physical injury.

One of the striking results of the present experience of those actively engaged in the war is that the prevailing opinion of the organic type of neuroses has frankly shifted toward the out-and-out functional basis of the disease. It has been practically noted by all writers that a subnormal nervous resistance or stability is the underlying feature in about 90 per cent. of the cases examined. The term anxiety stetes is chosen to designate one of the clinical groups into which the war neuroses fall, for the reason that anxiety is the most prominent and consistent feature in the clinical picture. Conversion hysteria is another type of condition frequently observed. This may be defined as a neurosis in which there is an alteration or dissociation of consciousness regarding some physical function. The term is used because the idea is transferred over to the physical symptom. A brief study of the literature convinces one familiar with the psychological mechanism of mental cases, that the important and frequent symptoms are those which obviously provide the patient relief from active service. Mutism appears to be the most common. All the well known types of functional disturbances have been met with, including hemiplegia, monoplegia, paraplegia, contracture, stammering, amnesias, amaurosis, aphonia, and aphasia. Neuroses of the ear have also been frequently observed. As one third of the men that have been returned from western front have been returned by reason of some nervous or mental disease and since 90 per cent. of the cases

have presented a neuropathic or psychopathic constitution the question naturally arises what means might be taken to prevent in the future such terrible strains being made on the efficiency of the fighting forces as the neuroses and psychoses have produced in all the armies at present at war. The responsibility is going to be left largely to the physicians after an examination of the applicant, whether the chances of that man's competency in the firing line will be sufficiently good to justify the money which the government will spend in feeding, clothing and training him. It goes without saying that all men should be eliminated who show at the time of examination, marked psychopathic tendencies, or who are obviously psychoneurotic. No one who is ill adapted to civilian life at the time of enlistment and who shows an authentic history of such tendencies as night terrors, fear of the dark, fear of the underground, fear of thunder storms, and who presents no evidence of having outgrown these tendencies, and who is in a considerable measure incapacitated by them, is a poor risk from the army standpoint and would offer but the briefest resistance to the constant strain imposed by the inevitable horrors of war.

Paper: Interesting Things Found in Tubercular Examinations of the New Army, by Dr. C. J. McIntyre. No abstract.

Dr. Neu, in discussing Dr. Bahr's paper, said there was more in the literature on this subject in the last two years than ever before. Has had no experience with cases contracted in the service. No other war has developed such extensive neurosis. From the literature it seems that the greater number of disturbances are found among the officers and these differ but slightly from those seen in civil life.

At first these cases were transported to home environment but of late there is a strong tendency to treat them within the fighting zones.

Malingering is as hard to determine among soldiers as in private practice and authorities differ as to their number.

Dr. Reed in discussing Dr. McIntyre's paper gave a summary of the 10,615 applicants he had examined for the navy, and gave the causes for rejecting 5,562 of this number in the order of frequency. He said the army boards make the mistake of passing too many and that more care should be exercised in the selection of these men as a loose policy meant extra expense to the government, and should be avoided.

Dr. Thurston described the procedure of examining naval candidates.

Dr. Kimberlin spoke of the influence of the war in producing hyperthyroidism in women. He thought the large number of tubercular lesions found in the lower left lobe as described by Dr. McIntyre remarkable. Physical findings at this point may be normal, not pathologic, due to excessive muscular development of the heart.

Volume of breath sound is the important thing in fine diagnosis.

A patient should not be examined until absolutely relaxed.

History taking requires utmost art and should be taken in conversational, never in direct way.

Meeting adjourned. Attendance 33.

A. L. MARSHALL, Secretary.

DELAWARE-BLACKFORD

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. building, Friday evening, January 4, and was called to order at 8:15 by President O. E. Spurgeon.

Dr. George S. Bliss, superintendent of the Fort Wayne School for the Feeble-minded, gave a very interesting lecture on "The Problem of the Feeble-minded," illustrating his talk with many lantern slides showing the various types and shades of mental pathology, also several microcephalic, hydrocephalic and mongol groups.

Dr. Bliss said in part: It is the high grade moron that presents the greatest problem to institutions and the community; the one who can walk our streets and mingle, to a certain extent, with the public, and not have his defect recognized; the one who frequently and generally leaves a strain of defective progeny, either legitimate or illegitimate, to burden the community. Both sexes are about equally guilty, for each can find some one to marry them; this precaution however, not being necessary, for the female is easily seduced and the male is frequently a sexual offender.

The feeble-minded are divided into three general groups. (1) Idiots, having a mental capacity similar to that of a child 2 years old or under; (2) imbeciles, having the mentality of a child of from 3 to 7, inclusive, and (3) the moron, testing from 8 to 12 years. Of course, an adult exhibiting the mental gages indicated will know some things a child of the given age will not know, but generally speaking the grouping is correct. These three groups are each again subdivided into the high and the low types. An individual who shows mental development over that normal to a 12-year-old, should not be classed as feeble-minded although he may be a defective delinquent. The final test is in the ability to live in a community under conditions as they exist without repeatedly coming under the ban of society or the law.

The moron, while not always naturally vicious, lacks judgment and a sense of relative values, and inclines toward the point of least resistance.

It is easily demonstrated that syphilis is responsible for much of the feeble-mindedness. More than 5 per cent. of inmates in institutions show a positive Wassermann reaction. Instrumental deliveries and other birth injuries are very seldom the cause of imbecility, and only rarely can an accident occurring in early childhood be held responsible.

The real problem is one of prevention, which includes the segregation and care of those now living so that the progeny, which is much more numerous in proportion than that of the normal individual, may be limited to the fullest degree possible. Nearly all physicians agree that sterilization of the unfit is the logical remedy, but the public is not educated up to the point where this is practicable. There are 6,000 feeble-minded in Indiana needing institutional care. The school at Fort Wayne can accommodate 1,400. The others who are not at large, a menace to the community, are confined in jails, poorhouses, asylums not adapted to their needs, and even in penitentiaries. Feeble-mindedness is not curable, and the sooner the public understands this the sooner institutions will get hearty cooperation. It is usually congenital and in nearly every instance is due to bad ancestry.

Hon. Charles E. McGonagle was present and led in the discussion of Dr. Bliss' address. Mr. McGonagle favors larger financial appropriations and more insti-

tutions. The school at Fort Wayne should not be burdened with adults; there should be colonies placed on state farms that could be made self-supporting, for many of the inmates can, under proper supervision and direction, spend their energies in useful labor. Every dollar spent now may be the means of saving ten, twenty years from now.

Adjourned.

H. D. FAIR, Secretary.

MARTIN COUNTY

The Martin County Medical Society was reorganized on Dec. 31, 1917, with Dr. E. E. Long of Shoals as president, and Dr. John F. Michaels of Loogootee as secretary-treasurer.

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1917, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

STERILE SOLUTION COAGULEN-CIBA (3 per cent.) 1.5 Cc. AMPOULES.—Each ampule contains 1.5 Cc. of a 3 per cent. solution of coagulen-Ciba. A. Klipstein and Co., New York City.

STERILE SOLUTION COAGULEN-CIBA (3 per cent.) 20 Cc. AMPOULES.—Each ampule contains 20 Cc. of a 3 per cent. solution of coagulen-Ciba. A. Klipstein and Co., New York City.

TABLETS COAGULEN-CIBA 0.5 GM.—Each compressed tablet contains 0.5 Gm. coagulen-Ciba and 0.46 Gm. sodium chloride. A. Klipstein and Co., New York City.

DICHLORAMINE-T (CALCO).—Paratoluenesulphone-dichloramide.—This is said to act much like Chloramine-T, but is capable of being used in a solution of eucalyptol and liquid petrolatum, thus securing the gradual and sustained antiseptic action. Like Chloramine-T, dichloramine-T (Calco) is said to act essentially like hypochlorites, but to be less irritating to the tissues. Dichloramine-T (Calco) is said to be useful in the prevention and treatment of diseases of the nose and throat. It has been used with success as an application to wounds, dissolved in chlorinated eucalyptol and chlorinated paraffin oil. Manufactured by the Calco Chemical Co., Boundbrook, N. J.

HALAZONE-CALCO.—Parasulphonedichloramidobenzoic acid.—It is said to act like chlorine and to have the advantage of being stable in solid form. In the presence of alkali carbonate, borate and phosphate it is reported that halazone in the proportion of from 1:200,000 to 1:500,000 sterilizes polluted water. Manufactured by the Calco Chemical Co., Boundbrook, N. J.

CHLORAMINE-B (CALCO).—Sodium Benzenesulphochloramine.—It contains from 13 to 15 per cent. available chlorine. The actions, uses and dosage for Chloramine-B (Calco) are claimed to be essentially similar to those given in New and Nonofficial Remedies, 1917, for Chlorazene. This compound was introduced into medicine by Dakin. Its physical and chemical properties are similar to those of chloramine-T. Manufactured by the Calco Chemical Co., Boundbrook, N. J. (*Jour. A. M. A.*, Jan. 12, 1918, p. 91).

PROPAGANDA FOR REFORM

THE CARREL-DAKIN WOUND TREATMENT.—William H. Welch writes that he was most favorably impressed with the Carrel treatment of wounds, and believes that Carrel should receive credit for calling attention to the possibility of the sterilization of infected wounds by chemical means. He holds that while undoubtedly the technic of the Carrel treatment is elaborate and requires an intelligence and skill on the part of the surgeon which cannot be counted on for the average surgeon, and that while the preparation of the neutral solution of sodium hypochlorite also requires chemical skill, surgeons should acquaint themselves with the principles and technic, and try to overcome the difficulties of applying the treatment (*Jour. A. M. A.*, Dec. 8, 1917, p. 1994).

HEMO-THERAPIN.—The Council on Pharmacy and Chemistry reports that, according to the Hemo-Therapin Laboratories, New York, Hemo-Therapin is a "combination of highly refined creosols and phenols (which have been detoxicated by special processes) with salts of iron, potassium, sodium, phosphorus and calcium in minute but physiologic proportions—the solution as a whole being designed to approximate closely in various fundamental details the chemistry of the blood." No statement is made, however, as to the quantities of the several ingredients, nor is any information given as to the identity of the "creosols" and "phenols," or as to the nature of the processes whereby these are "detoxicated." The Council explains that the Hemo-Therapin Laboratories ask physicians to believe that the occasional intravenous administration of this liquid will benefit or cure a long list of ailments, including erysipelas, septicemia, pyemia, purpural infection, malaria, pneumonia, typhoid fever, diabetes, chronic Bright's disease, goiter, arteriosclerosis and locomotor ataxia. The testimonials which are presented for the claims bear a striking likeness to those found in "patent medicine" almanacs. One of the cases is a woman who was bitten by a snake seventeen years ago and who, on the anniversary of the bite, suffers severely from the original bite (*Jour. A. M. A.*, Jan. 5, 1917, p. 48).

VENOSAL.—The Council on Pharmacy and Chemistry reports that Venosal, sold by the Intravenous Products Company, Denver, Colo., is inadmissible to New and Nonofficial Remedies because its chemical composition is indefinite; because the therapeutic claims are exaggerated, and because the composition is unscientific. Venosal is a solution of sodium salicylate containing also colchicum and an insignificant amount of iron. Since it is possible to obtain the salicylate effects promptly and certainly by oral administration, the inherent dangers of intravenous medication render its routine employment unwarranted. At this time, when economy is a national policy, a further objection to the use of Venosal is the unnecessarily high expense of Venosal itself and the administration (*Jour. A. M. A.*, Jan. 5, 1917, p. 48).

OUR ARCHAIC PATENT LAWS.—The reports of the Council on Pharmacy and Chemistry on Secretin-Beveridge and the Need for Patent Law Revision are opportune. At the request of the National Research Council the "Patent Office Society," an association of employees of the U. S. Patent Office, has created a committee to study the U. S. Patent Office and its service to science and to arts. There is no question that one of two things is needed: either a radical change in the patent law itself or the application of more brains in its administration. Now the United States Patent Law is too often used to obtain an unfair monopoly of a medicament or to abet quackery (*Jour. A. M. A.*, Jan. 12, 1918, p. 95).

SECRETIN-BEVERIDGE AND THE U. S. PATENT LAW.—In 1916, A. J. Carlson and his co-workers demonstrated that commercial secretin preparations con-

tained no secretin, and that secretin administered by mouth or even into the intestine was inert. Yet a U. S. patent was subsequently issued to James Wallace Beveridge, for a process of preparing secretin preparations which would contain secretin when they reached the consumer, and in a form resisting destruction in its passage through the stomach. At the request of the Council on Pharmacy and Chemistry, A. J. Carlson and his associates studied the stability of the secretin made according to the Beveridge patent. The investigation shows that the patent gives no process for the manufacture of commercially stable secretin preparations, nor any means for preventing the destruction of secretin by the gastric juice when administered orally (*Jour. A. M. A.*, Jan. 12, 1918, p. 115).

NEED FOR PATENT LAW REVISION.—The Council on Pharmacy and Chemistry publishes a report prepared by its committee on patent law revision, which is an appeal for an amendment of the patent law which governs the issuance of patents on medicinal preparations, and more particularly for a revision on the procedure under which such patents are issued. The report points out that to increase our national efficiency, the government must protect and stimulate science, art and industry, and at the same time curb waste of the country's resources; and that, to this end, the patent office should encourage discoveries which go to increase national efficiency, and refuse patent protection when such protection is not in the interest of national efficiency, conservation of energy and material resources. The report presents a considerable number of specific instances which demonstrate that patent protection has been given where it was not deserved and not in the interest of the public. The report concludes with a reference to the investigation of a patent granted for a preparation of secretin, apparently without any attempt to confirm the highly improbable claims of the patent applicant (*Jour. A. M. A.*, Jan. 12, 1918, p. 118).

ARSPHENAMINE.—No, this is not a new chemical; it is simply the name adopted by the Federal Trade Commission for the hydro-chloride of 3-diamino-4-dihydroxy-l-arsenobenzene—in other words, salvarsan. The three firms which have been licensed to manufacture this drug are permitted to have their own trade names for it, but the official name "arsphenamine" must be the prominent one on the label of all brands. Hence physicians should at once make it a point to learn and use the name "arsphenamine" (*Jour. A. M. A.*, Jan. 19, 1918, p. 167).

CACTINA PILLETS.—According to the manufacturer of Cactina Pillets (The Sultan Drug Co.), "cactina" is "invaluable in all functional cardiac disorders such as tachycardia, palpitation, arrhythmia, and whenever the heart's action needs regulating or support." The manufacturer gives no information as to the mode of action of "cactina," but states that it is totally unlike that of digitalis. An examination of the literature indicates that *Cactus grandiflorus* is therapeutically inert, and no one except Mr. Sultan of the Sultan Drug Company claims to have isolated an active principle of it. The Council on Pharmacy and Chemistry examined the literature relating to cactus and certain proprietary preparations, including Cactina Pillets, alleged to be made from cactus, and reported that the literature does not afford a single piece of careful, painstaking work which lends support to the claims made for Cactina Pillets. Since then, Hatcher and Bailey examined genuine *Cactus grandiflorus*, and also found that the drug was pharmacologically inert (*Jour. A. M. A.*, Jan. 19, 1918, p. 185).

SURGODINE.—The A. M. A. Chemical Laboratory having found Surgodine (Sharp and Dohme) to contain 2.51 Gm. free iodine (instead of 2.25 per cent. as claimed) and 1.78 Gm. combined iodine (probably chiefly hydrogen iodide), the Council on Pharmacy and Chemistry reports that it is essentially similar to the

official tincture of iodine except that it is considerably weaker and, instead of potassium iodide, it presumably contains hydrogen iodide and probably ethyl iodide to render the iodine water-soluble. Its composition, however, is secret. The Council held Surgodine inadmissible to New and Nonofficial Remedies because its composition is secret; because the therapeutic claims made for it are exaggerated and unwarranted, and because it is an unessential modification of the official tincture of iodine. Surgodine is a good illustration of the economic waste inseparable from most proprietary medicines. While the free-iodine strength of Surgodine is only about one-third that of the official tincture its price is between two and three times as high (*Jour. A. M. A.*, Jan. 26, 1918, p. 257).

DIONOL.—If physicians take the word of the Dionol Company, the therapeutic possibilities of Dionol are apparently limited only by the blue sky. Even the company admits that "the unprecedented range of action" of this marvel "may come as a surprise." A glance over the published case reports confirms the inference. Dionol is furnished in two forms: as an ointment and as an emulsion. Dionol itself is a sort of glorified petrolatum, the use of which is said to prevent the leakage of energy from the nerve cells, and by overcoming the short-circuiting always said to be present in inflammations, is asserted to accomplish its wonders (*Jour. A. M. A.*, Jan. 26, 1918, p. 257).

BOOK REVIEWS

TALKS ON OBSTETRICS. By Rae Thornton LaVake, M.D., Instructor in Obstetrics and Gynecology, University of Minnesota; Obstetrician-in-Charge of the Out-Patient Obstetric Department of the University of Minnesota; Associate Attending Obstetrician and Gynecologist to the Minneapolis City Hospital; Obstetrician-in-Charge of the Out-Patient Obstetric Department of the Wells Memorial Dispensary; Obstetrician to the Swedish and Abbott Hospitals, Minneapolis, etc. Cloth, \$1.00. C. V. Mosby Company, St. Louis, 1917.

This little book is intended merely as a supplement to the textbooks on Obstetrics and not as a substitute for any of them. The author presents in book form the subject matter of a series of talks given to the senior students of the University of Minnesota. What he expresses is based on his own studies and experience, and he seems to have picked up some points and ideas that may be not only of interest but of value to those engaged in the practice of obstetrics.

PROGRESSIVE MEDICINE. Vol. XX, No. 4, December, 1917. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College. Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College. Paper, \$6.00 per annum. Lea & Febiger, Publishers, Philadelphia and New York.

The first 100 pages of this volume are taken up by Relfuss with his review of diseases of the digestive tract and allied organs, the liver, pancreas and peritonum. Austin's review of diseases of the kidneys is rather brief. Bonney has his usual complete review of genito-urinary diseases. Bloodgood's review of military surgery which he gives in this volume in place of his usual customary review is quite exhaustive and complete, embracing something over 150 pages. Much of value not only to army physicians but to all practitioners can be found in his review. The practical therapeutic referendium of Landis—the concluding review of this issue—is also longer than usual, comprising almost 100 pages. It also contains much knowledge of real value to the general physician.

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FOOD FOR THE SICK. A Manual for Physician and Patient. By Solomon Strouse, M.D., Associate Attending Physician, the Michael Reese Hospital; Professor of Medicine at the Post-Graduate School, Chicago; and Maude A. Perry, Dietitian at the Michael Reese Hospital, Chicago. 12mo of 270 pages. Philadelphia and London. W. B. Saunders Company, 1917. Cloth, \$1.50 net.

This book is intended for the benefit of the physician, the nurse, and the patient. It contains information of inestimable value with reference to food for the sick with those diseases in which diet is an important factor in the therapeutic regimen. It is really more of a "practical guide book" rather than a textbook. The authors have presented this book in language which anyone can understand, and they give the reason for the special diets recommended in the various diseases. In other words, they teach the "knowing why" as well as the "knowing how" of feeding. Thus their work is by no means empirical but scientific as well as practical.

Although a volume of only small size it contains quite a good deal of information, including 283 diets and 124 special recipes.

Physicians and nurses will find the book very useful in their own work and one that they will quite frequently want to place in the hands of some of their patients.

BLOOD PRESSURE. Its Clinical Applications. By George William Norris, A.B., M.D., Assistant Professor of Medicine in the University of Pennsylvania; Visiting Physician to the Pennsylvania Hospital; Assistant Visiting Physician to the University Hospital; Fellow of the College of Physicians of Philadelphia, etc. Third edition. Thoroughly revised. Illustrated with 110 engravings and one colored plate. Cloth, \$3.50. Lea & Febiger, Publishers. Philadelphia and New York, 1917.

So great is the demand for a really good text on the subject of blood pressure that the second edition of this work was exhausted within a year. This gave the author an opportunity to revise his work and to include in the new edition a considerable amount of new material. The new material has been incorporated in the subject matter throughout the book, but especially important additions have been made in the sections dealing with functional testing of cardiac efficiency, blood pressure in disease, effects of drugs, and the physiology of blood pressure.

In this new edition—as in the preceding ones—J. Harold Austin has written and revised the chapter on physiology and the one on venous blood pressure.

This work is too well known already to need extended comment. It has in the past brought to a great many practitioners information on a subject of real interest to everyone, and this new, revised edition indicates that the author intends to make it serve in the present and future as it has in the past.

GENITO-URINARY SURGERY AND VENEREAL DISEASES. By Edward Martin, A.M., M.D., F.A.C.S.; John Rhea Barton, Professor of Surgery, University of Pennsylvania; Benjamin A. Thomas, A.M., M.D., F.A.C.S., Professor of Genito-Urinary Surgery in the Polyclinic Hospital and College for Graduates in Medicine; Instructor in Surgery, University of Pennsylvania; and Stirling W. Moorhead, M.D., F.A.C.S., Assistant Surgeon to the Howard Hospital, Philadelphia. Illustrated with 422 engravings and 21 colored plates. Tenth edition. Cloth, \$7.00. Philadelphia and London. J. B. Lippincott Company, 1917.

This is a new edition of the work so well known as White and Martin's textbook on genito-urinary and venereal diseases. Previous editions of this work

already have received comment in the book review columns of THE JOURNAL.

This new edition appears seven years after the last or ninth edition. The authors have felt themselves obliged to reset, rewrite, and re-illustrate their work in order to keep it up to date and make it thoroughly modern.

Some of the new material given in the new edition is briefly summarized as follows: "A brief but practical presentation of vaccine and serums; tests of renal function which are found most serviceable in estimating operative risks; high frequency desiccation; laboratory diagnosis of syphilis and control of treatment; the accepted conservative and radical treatment of prostatic hypertrophy, including those measures which have done so much to lower mortality."

A splendid general discussion of the subject of syphilis is given. The general aspects of acquired and hereditary syphilis, the laboratory diagnosis of syphilis, and the treatment of this disease, are all presented from the standpoint of clinicians of broad experience. They are not yet convinced either of the efficacy or the safety of intraspinal therapy in specific disease of the nervous system, and therefore they offer only a very brief reference to it.

The authors have succeeded in making this new edition an admirable textbook in every respect, thereby maintaining the reputation this work already has as one of the best books to be had on this subject.

DISEASES OF THE NERVOUS SYSTEM. A Textbook of Neurology and Psychiatry. By Smith Ely Jelliffe, M.D., Ph.D., Adjunct Professor of Diseases of the Mind and Nervous System, New York Post-Graduate Medical School and Hospital; and William A. White, M.D., Superintendent of St. Elizabeth's Hospital, Washington, D. C.; Professor of Nervous and Mental Diseases, Georgetown University; Professor of Nervous and Mental Diseases, George Washington University, and Lecturer on Psychiatry, U. S. Army and U. S. Navy Medical Schools. Second edition, revised, rewritten, and enlarged. Illustrated with 424 engravings and 11 plates. Cloth, \$7.00. Lea & Febiger, Philadelphia and New York, 1917.

The demand for a second edition of this excellent and popular textbook has given the authors the opportunity to make considerable revision, to improve and to enlarge their work very materially.

In this new edition considerable attention is devoted to the nervous diseases involving the physicochemical systems, or as the authors call it, "the neurology of metabolism." This makes up the first of the three parts into which the subject matter is divided. In this Part I the chapter dealing with the "endocrinopathies" is of special value and importance to nearly every practicing physician. Part II takes up the "sensorimotor systems," or "sensorimotor neurology." In this part are discussed affections of the cranial nerves, of the peripheral nerves, lesions of the spinal cord, medulla, pons, and midbrain, the paralysis agitans and chorea group of diseases, cerebellar syndromes, diseases of the meninges and brain, tumors of the brain, and syphilis of the nervous system. Part III deals with the physical or symbolic systems, those diseases known as the neuroses, psychoneuroses, and psychoses. Of special value to the student and physician is the first chapter of the book which gives in detail the methods of examination of the nervous system, including a brief, concise presentation of the methods of the psycho-analysis.

Special mention must be made of the abundance of illustrations. Many of these, and especially the plates, are of the highest quality in every respect, representing considerable labor and study on the part of the authors, and the highest type of technical skill on the part of the publishers. These illustrations must be seen to be fully appreciated.

This new edition has helped to strengthen the reputation that this work already enjoys. That it will meet with an increasing popularity is a foregone conclusion.

NEUROSYPHILIS. Modern Systematic Diagnosis and Treatment. Presented in 137 Case Histories. By E. E. Southard, M.D., Sc.D., Bullard Professor of Neuropathology, Harvard Medical School; Pathologist Massachusetts Commission on Mental Diseases; Director, Psychopathic Department, Boston State Hospital; Vice President, American Medico-Psychological Association; and H. C. Solomon, M.D., Instructor in Neuropathy and in Psychiatry, Harvard Medical School; Special Investigator in Brain Syphilis, Massachusetts Commission on Mental Diseases; Acting Chief-of-Staff, Psychopathic Department, Boston State Hospital. With an introduction by James Jackson Putnam, M.D., Professor Emeritus of Diseases of the Nervous System, Harvard Medical School. Octavo, 500 pages, with 25 full-page illustrations. Cloth, \$5.00. Boston: W. M. Leonard, Publisher, 1917.

The authors state that this book is written primarily for the general physician and secondarily for the syphilographer, the neurologist, and the psychiatrist. They might have included the student as well, for surely the latter can find such a volume as useful as any one else.

The subject of neurosyphilis is presented here in a different way, i. e., by the case history method. The case histories are briefly but carefully analyzed, and the generalizations they lead to are based on an extremely wide and varied personal experience which enables the authors to speak with the degree of authority they command. The merit of teaching by this method already has been established to a certain extent.

The cases are presented in six sections. In Section I the authors discuss the nature and forms of syphilis of the nervous system (neurosyphilis), Cases 1 to 8. In Section II they discuss the systematic diagnosis of the forms of neurosyphilis, Cases 9 to 38. In Section III they discuss puzzles and errors in the diagnosis of neurosyphilis (including nonsyphilitic cases), Cases 39 to 82. In Section IV they discuss neurosyphilis, medicolegal and social, Cases 83 to 98. In Section V they give the treatment of neurosyphilis, Cases 99 to 123, Cases 99 to 103 showing the variety of structural lesions that treatment has to remedy. In Section VI they present neurosyphilis and the war, Cases A to N from British, French and German writers. In the last section they give the summary and key. This is followed by Appendix A in which is given a brief outline of the six tests used in the diagnosis of neurosyphilis, and Appendix B in which they mention the common methods of treating the disease.

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THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 25, 26 and 27, 1918

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*No election held in 1915.

†No election held in 1916.

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ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

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ORIGINAL ARTICLES

APPENDICITIS *

GOETHE LINK, M.D.
INDIANAPOLIS

Though appendicitis is a trite subject, the commonness of the disease makes it an appropriate topic for discussion whenever physicians and surgeons meet.

The problems of appendicitis are of local concern, as practically all cases are treated at home or in nearby hospitals, and are not sent to distant clinics. To learn whether we are doing for our patients all that the state of the art and science of medicine and surgery enables us to do and, if not, how we may get better results is the purpose of this review of my own work and the work of my medical friends with which it is closely associated. Some there are who claim that the surgical treatment of appendicitis has been so perfected that any further advance in its management must be made by the physicians. Many physicians have kept pace with the surgeons or have even led the advance, and this medical and surgical cooperation has made death from appendicitis extremely rare in some parts of Indiana. In communities, however, where the controlling medical minds are too conservative in their acceptance of new ideas this desired state of affairs has not yet appeared.

The attitude toward appendicitis taken by a community often is an indication of the state of diagnosis and action in surgical affairs in that community. It matters not if the doctor's enthusiasm progresses faster than his ability to differentiate between appendicitis, cholecystitis, salpingitis, surgical kidney, etc. The treatment of each of these is surgical and to the surgeon belongs the responsibility of making the dis-

tinction. To know when such an infection is present and when is the proper time to act is more important than to be able to give it an exclusive name.

The following case will illustrate this point: Miss W., aged 19 years, had been treated through three moderate attacks of appendicitis over a period of two years. After recovering from the last attack she went to the hospital for operation. The appendix was found free of adhesions, but swollen and quite inflamed. It contained three coproliths which could be easily felt. The appendix was removed and as a matter of routine thoroughness the tubes and ovaries were palpated and found to be normal as were also the kidneys. Palpation of the gallbladder revealed the presence of stones. Cholecystectomy was done. After the gallbladder was opened, it was found to be inflamed and to contain stones ranging from the size of a hulled walnut downward.

Before going further into the clinical side of this subject let us review the intimate pathology of an inflamed appendix. An article published by Aschoff a few years ago shed much light on the pathology of appendicitis. Unfortunately it did not reach the profession generally as it appeared only in a German publication. More recently, Moschovitz of New York has published an article in the *Annals of Surgery* covering the scope of Aschoff's work and giving the results of close study of 1,500 appendices. Moschovitz showed as follow:

"The pathologic lesion of acute appendicitis represents a suppurative process from the very beginning. The earliest lesion is as pathognomonic as the primary lesion of syphilis, and all the subsequent stages of the disease within the organ are directly traceable to the spread and development of this lesion. There is no pathologic evidence that an 'acute catarrhal' inflammation of the appendix occurs.

* Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

"The changes associated under the name 'chronic' appendicitis (stricture obliteration, etc.) are pathogenetically the healed products of the acute lesion."

In other words there is but one appendicitis and the differences in clinical symptoms are due either to anatomic variations or to variations in the virulence of infection as related to immunity of the individual. Could we look into an appendix during the first twelve to twenty-four hours of an attack we would find the condition, as shown by Moschovitz, to be as follows: Congestion and blood extravasation in the mucosa, exudate springing from the mucous crypts, infiltration of muscular coats with polymorphonuclear cells, fibrinous exudate covering the peritoneum and localized peritonitis. At forty-eight hours the appendix becomes filled with a necrotic exudate, the muscular layers become necrotic and all parts impossible of histologic identification.

If we were able to follow this appendix with the microscope and it happened to heal because drainage could take place through a lumen sufficiently open and because the immunizing ability of the individual was able to care for the organisms present, we would see this disorganized tissue replaced by scar which later tending to contract, as scar tissue always does, would narrow the lumen. This narrowed lumen, by interfering with drainage, would dispose to subsequent attacks and make them more dangerous. Moschovitz says: "It is entirely conceivable that if the acute process has been arrested very early, the subsequent healing may result in a restitution to normal. But I have never seen any appendix that showed arrest of the process at this stage." Further he says, "an acute appendicitis always gives rise to permanent pathologic changes."

These pathologic observations explain the clinical fact to which I called attention in a previous article, that "appendicitis is nearly always a chronic disease having acute exacerbations." Permit me to quote from that paper, "Careful questioning of a patient after an acute appendicitis will usually show that he has suffered for a long time previously. Close observation of a patient after an attack has subsided will prove that the disease still persists and that we may safely predict exacerbations." There are two other factors in the course taken by an acute appendicitis as frequently shown at the operating table. These are adhesions causing kinks, and coproliths. The adhesions are usually the

result of previous acute attacks and the coproliths are the result of defective drainage from scar tissue. Anatomic variations such as retrocecal position also are occasional factors. Summing up all the conditions affecting the progress of an inflammation of the appendix, stricture from previous attacks, kinks bound by adhesion, coproliths obstructing the lumen, each making drainage poor or impossible to the point of bursting, combined with the pathologic changes; blood extravasation in mucosa, exudate springing from the crypts, muscular coats infiltrated with leukocytes, localized peritonitis, and so on to complete necrosis of the appendix wall, may we not ask if there is any drug or therapeutic measure that could logically be expected to have the slightest control over this pathologic process?

All of these pathologic facts which are authentically shown surely dispose of the medical treatment of appendicitis. It is not proper in this discussion to take up the possibilities following rupture, peritonitis, abscess and, after prolonged illness, rotting of the abscess into the bowel, with drainage and partial recovery. These events are not a part of appendicitis and no physician attending on a case during such a sickness can feel that he has been more than a superfluous observer and by-stander.

There is one saving feature about appendicitis: the disease in its beginning is contained within a functionless organ which can easily and safely be removed. If every diseased appendix could be removed while the disease was still "in the original container" there would be practically no mortality in appendicitis. It has become a well recognized fact among surgeons that the pathologic processes attending appendicitis progress hour by hour and that the patient's safety decreases to a proportionate degree hour by hour. Operation as soon as a diagnosis is made has now stood the test of time. Thirty-six hours after the initial symptom is shown to be the extreme limit of safety, though some cases progress faster than the average for which this time limit is given.

I now wish to consider some problems in the surgical treatment of appendicitis and in doing so to remain within the limits of my own experience. This covers a period of time from May 1, 1907, to May 1, 1916, and includes a total of 285 cases operated, with seven deaths. These statistics include all operations for appendicitis both clean and suppurative, but do not include

appendectomies incidental to other abdominal operations.

In order to convey one lesson that may be gained from my cases, I shall divide them into two periods. The first period includes the years 1907, 1908, 1909, 1910 and 1912, the second period the years 1913, 1914, 1915 and four months in 1916. During the first period from 1907 to 1912, inclusive, there were 99 cases of which 57 were clean and 42 pus cases, over 42 per cent. During the second period there were 186 cases of which 131 were clean and 55 were pus cases, not quite 30 per cent. All of the seven deaths occurred during the first series of 99 cases and during the second series of 186 cases there was no death. All the deaths were in pus cases except one case which died of diabetic coma after the wound had healed. Most of the pus cases were late, from forty-eight hours to a week.

During the first period I went to the country freely and operated on late cases. Reviewing my cases I found that they were held too long before operation and that operation in the home on a late suppurative case was especially hazardous. I then begged my doctor friends to send their patients to the hospital and to send them early. This met with prompt cooperation on the part of the physicians with the result that the percentage of pus cases fell from 42 to 30 and there was in addition a general tendency to get the pus cases in earlier.

One fallacy which cost the lives of some of my patients was the idea that an operation for acute appendicitis should be done in the patient's home because he was too bad to be moved. This is a great mistake and I often meet such a statement by saying that a patient too ill to be moved to a hospital is too sick to be operated on at home. When I stopped operating on bad pus cases out in the country my mortality stopped. There is a number of reasons for this and they may be summed up by saying that the arrangements for operating in the home are makeshifts and contribute to inefficiency. The margin of safety in these cases is often very small, and anything that can shorten the operation, make it more thorough or make the after-care better should be employed. The after-care of suppurative cases, especially, frequently requires more surgical resourcefulness than the operation.

Moving a patient with appendicitis anywhere in Indiana, with such transportation facilities

as we have, does no harm. One dose of castor oil by producing peristalsis will do more damage than all the jolting received on such a trip. Heretofore frequently the acute cases have been operated at home and the chronic cases sent to the hospital. If home operations are desirable, this plan should be reversed. One acute case operated at home and dying will so shock the community that it will deter many others from accepting operation at the proper time.

When a case of acute appendicitis comes to the hospital preparations are made for immediate operation regardless of the hour, day or night. It is treated as an emergency. The bowels are not disturbed. The abdomen is painted with tincture of iodine, anesthesia is induced with gas followed by ether. The McBurney's incision is usually employed and the operation is often finished in ten to fifteen minutes. Lavage is seldom used unless the abdomen is full of large pus collections without limiting adhesions. One of the most important features of the operation is to hunt out every pus pocket, and to separate all adhesions, seeking pus. Evisceration is done if thought necessary for thoroughness, but calls for a larger wound and increases the danger of hernia. The appendix is always removed if possible. The appendix is ligated and the stump inverted if the patient's condition permits deliberate work. If the cecum is infiltrated or too deep in the abdomen to be reached easily, or if, because of the patient's condition, we are obliged to hurry, I treat the stump as follows: The meso-appendix is identified and tied with a piece of catgut passed near the base of the appendix. The appendix then being freed, a long piece of large white twisted silk is thrown around the base of the appendix and tied, care being taken not to tie hard enough to cut the appendix off clean as may happen if the cecum is badly infiltrated. The silk is brought out of the wound and allowed to lie with the drain. It comes off in seven to ten days. No attempt is made to drain the entire abdominal cavity as we now know that it cannot be done. A strip of gauze covered with rubber dam is inserted to the lowest point of suppuration. This is in reality not a drain but a test, if the temperature and local signs indicate clean healing as often occurs even in bad pus cases, the cigarette is withdrawn after a few days and the wound allowed to close. If the indications point to pus formation, two small rubber tubes are inserted after removal

of the cigarette and drainage of the local suppuration established. Many cases of acute appendicitis, some with pus outside of the appendix, are closed without drainage and do well.

After operation and surgery has done all that can be done by removing the cause, the peritonitis is treated medically. The patient is placed in a comfortable position. Salt solution is put into the lower bowel as fast as it will be absorbed. All food is withheld. Opiates are given sufficiently to arrest peristalsis and to keep the patient quiet and comfortable. If distension is present, while the peritonitis is acute no effort is made to move the bowels either by cathartics or enemas. Distension is looked on as a conservative process splinting the intestines and allowing them to heal just as we would splint an inflamed joint. The distension will decline as the peritonitis subsides without a single effort being made to get rid of the gas. Very careful watching of these cases in order to detect complications before they become well established is important.

Wounds are closed so as to leave only a small drainage tract; this has practically done away with postoperative hernia or if it occurs it is of slight consequence.

My conclusions are as follows:

The pathologic lesion of acute appendicitis represents a suppurative process from the very beginning. Strictures, kinks, coproliths and anatomic defects when present may cause rupture.

There is no medicine or treatment that will arrest the suppurative process in the appendix, dissolve a stricture, undo a kink, remove a coprolith or change a faulty anatomic defect.

Therefore there is no medical treatment for appendicitis.

In 188 clean cases operated there was one death, from diabetes. In ninety-seven pus cases operated there were six deaths.

Of the pus cases, eighty-five were operated in the hospital with only one death, while twelve were operated at home with five deaths.

If any appendicitis cases are operated in their homes they should be the clean cases. All pus cases should be sent to a hospital. Moving the patient does little harm which is far outweighed by the advantages gained.

The earlier in the disease the physician makes the diagnosis and places the patient in a hospital, the more surely can the surgeon carry the case to a successful issue.

608 Indiana Pythian Building.

DISCUSSION

DR. H. K. BONN, Indianapolis: I want to endorse the statements of Dr. Link, and there are a few things I wish to speak of. First, as regards the inversion of the stump in appendicitis. It recently has been stated that it is an absolutely faulty procedure because you tuck in an infected area.

As regards the treatment of the localized appendiceal abscess which frequently comes within ten days, Dr. Knott advocated a definite surgical plan of dealing with this kind of a case. He reported 501 cases with six deaths. He operates these cases at the end of ten days, breaks up all adhesions and loosens up all the pockets and removes the appendix. He always makes a right rectus incision and particularly calls attention to the fact that the pouch of Douglas always must be drained.

I saw Eisendrath of Chicago do a rather unusual thing. He said he had received better results in a pus appendix by laying a drain between the muscle and the fascia and also between the skin and the fascia; this made it unlikely for him to get a sloughing of the muscle or fascia, which he had had occur a number of times.

There is one sign of appendicitis to which I wish to call attention, and that is Rovsing's sign. Starting in the left abdominal quadrant pressure on the colon will induce pain if there is a chronic appendicitis, but Rovsing states that it does not induce pain if there is not chronic appendicitis.

I have adopted a plan in the treatment of these cases of using a reversed Trendelenburg position, letting them sit up on the table. In this way the pus cannot run "up stairs" and invade the upper abdomen.

DR. H. O. SHAFER, Rochester: I think Dr. Link's paper is very timely and shows about the average results of a man who is doing a good deal of appendicitis work. Ten or twelve years ago when I had to go to the farmhouse for almost all of the operations I did my figures corresponded very closely with Dr. Link's, but since the community intelligence has increased the cases are brought in earlier and the mortality has been cut down to a negligible quantity. The man who has had no deaths has not had many cases, for if we work very long we are sure to have a certain number of deaths. The figures the doctor gave are very interesting, especially the deaths in the home. He did not say so, but I feel sure that he felt that if some of these cases could have had the after-care he could have given them they would have done better. The after-care and dressing is the thing that has made his mortality low in the cases in the hospital, and I think this is the important

thing. The after-care should be given by a person who has had experience in this.

I have had the same difficulty about transportation that Dr. Link has had in the past, but this has been almost entirely eliminated and the patients are getting into the hospital without any injury. I am sure that the danger of moving them ten miles is not as great as having to operate them in the home.

I differ from Dr. Link as to the McBurney incision. I still use the straight rectus incision and think I will continue to do so. I think we are all wiping out the pus clean before attempting to put in a drain. For me the cigarette drain has answered the purpose very well.

I am sure that going after the appendix is not as dangerous as leaving it in, even in a suppurative appendicitis. You can tack the drain up against the cecum without any ill effects. As to the old question of gauze, I think if the gauze is protected by a gutta percha or split rubber tube—I prefer the gutta percha—we get the drains out sooner. I have not seen a case of thick, creamy pus where I could wipe the pockets out for a long time; there are very few of those cases. Practically all of the suppurative cases that come to us now are going home on the fourteenth or sixteenth day. If we close our wound up tight to where the drain is inserted and take care of the after-care ourselves the case is going to get along, and we do not see those long-continued pus cases that ten or twelve years ago used to worry us. Especially if they were in the farmhouse and not having proper care.

DR. LUDSON WORSHAM, Evansville: I want to commend the very excellent paper of Dr. Link as read in our presence. While the question of appendicitis has been with us for a good many years, it is one that is always present and we are always glad to hear the subject discussed. I thoroughly agree with Dr. Link that the cases should be operated within the first thirty-six hours if possible. Then I do not like to operate in the home. I always have been able to get my patients brought to the hospital, especially the pus cases. You never know in an appendicitis case whether you have pus there or not, and the best way is to have it in a position where you can operate on it successfully.

I recall the case of a boy who had appendicitis and I told the people he should go to the hospital that afternoon—this was on a Friday—but they waited until Sunday before bringing him and even then his belly was swelled and he was very sick. I had a consultation with one of our surgeons on Monday and he said we were taking his life in our hands and had better do nothing, but I took the position that if he had one chance in a hundred it was our duty to give him that chance. He was operated on Monday afternoon

and his belly was swelled up like a poisoned pup, and when we made the incision the pus flew out. We then determined to drain him, and about three days later the appendix came away in a slough and he had all the symptoms of sepsis, but I am pleased to say that within the course of a week or two he recovered. If we had not offered him that chance of operation he would surely and certainly have died.

The cases from the country can nearly always be brought to the city in these days of rapid transit, either by train or automobile, and the hospital care far exceeds that of the home.

DR. L. F. SCHMAUSS, Alexandria: Dr. Link has covered the field very well and we all agree with the stand he takes in regard to the early operation, but I want to emphasize the point he brought out about operating in the private home and in the hospital. There is no comparison, especially at night. Even if the operation takes only a few minutes it is not a question of how fast but how well we can do it. If it is not done right it had better not be done at all.

I also wish to emphasize his stand in regard to the safety of transporting these patients. I am sure it does less harm to transport them than to operate in unfavorable circumstances.

I feel in regard to the incision that the McBurney is not the best incision. I think even in the interval or early case it is not the best incision, because you limit the wound. Dr. Ochsner emphasizes the fact that this incision may be enlarged downward, but I think the chances are much greater than in a straight incision. I have tried it repeatedly and was disgusted with it every time and think a straight incision is much better. It can be closed up better and as a general thing we do not have to drain through the incision.

Regarding the drain, one bad suppurative case I lost brings us to the point of evagination of the stump. In this case we were in a hurry and threw a ligature around the stump and put a drain in against it. I think if any drainage is done it should be downward into the culdesac.

Dr. Bonn mentioned Dr. Knott's plan, which is very good, but if we consider the intestinal complications, overlooking abscess cavities, we get better results in the long run. Dr. Bonn stated that Dr. Knott waits ten days but that is not the case. He operates at any time but aims in all cases to break up the adhesions and remove the appendix. We feel that by merely incising and draining we merely operate, but I think three fourths of the cases that are merely incised and drained will get well.

One bad feature that I have had occur to me is in regard to the time limit. We say this should be done in the first thirty-six hours, and I find that many feel if they cannot have it operated within thirty-six hours they have to

wait five or six days, but I think the operation can be done more easily in two or three days, because the adhesions are soft and can be easily broken up and a better operation done.

I had a talk with Dr. Eisendrath about bad appendicitis cases and also infected gall-bladders where the suppuration may get in between the muscles and the fascia. I had one case in a gallbladder where this happened and the patient was very bad, and to avoid this he puts in a drain between the muscles and the fascia. If the field is well protected this will not happen.

DR. H. K. BONN, Indianapolis (replying to Dr. Schmauss): In Dr. Knott's original paper, presented before the Western Surgical Association, he said he was accustomed to getting these cases about the tenth day, but operates them whenever he gets them, and made the statement in his paper that those cases are better left alone until the tenth day if the patient comes in after the third day because, he says, the pus is hot and these cases will invariably develop a peritonitis. After the third day there is danger in operating until the tenth day, when the patient has established an immunity to the infection.

DR. CHARLES STOLTZ, South Bend: I have done appendiceal surgery for twenty years and when I operate appendicitis and find that the appendix is the cause of the trouble it must come out. I often have found multiple abscesses and frequently have found, where I thought I had one very nice pus cavity, after searching further and further, other pus cavities.

Another thing: you don't know anything about a second, third or tenth day appendicitis. You frequently get into cases that you think are very recent ones, and you find not only pus but a gangrenous appendix, and you have evidence of damage that has been going on for days. I operated a case recently in which the father and daughter had been away at a summer resort and both came home with diarrhea. The daughter got well, but the father kept on being sore throughout the abdomen and misled the physician who had the case in charge—a very conscientious and able man; and he was very much chagrined to have to diagnose appendicitis after several days. We went in and found a very bad appendix. A section of the illeac mesentery had become gangrenous and he had a widespread infection in all of which there was not much preoperative evidence of disorder. There was no right rectus rigidity, very little pain over McBurney's point and none of the other classical signs. You all know that many cases have been going on doing their work for many days after the appendix became involved. It is a joke to classify cases of appendicitis by hours or days.

DR. DALTON WILSON, Evansville: Take a case of appendicitis that has run along for ten days and then operate. Now then, is it possible that that fellow is never going to have a recurrence of that trouble? Is it not true that he might have a repetition of that trouble? Do you operate all cases after ten days, or should it be done?

DR. H. K. BONN, Indianapolis (replying to Dr. Wilson): My procedure is to operate them whenever I get them unless they have peritonitis. If patients have a severe peritonitis when they come in I leave them alone for a few days, but if they have not I operate them right away. I have never seen a case that was operated when there was a severe peritonitis that did not have a stormy convalescence. Ochsner says that if you get them within the first seventy-two hours, operate at once; if not, let them alone for a week if their bowels continue to move. If they do not pass gas and their bowels do not move we operate at once.

DR. J. H. EBERWEIN, Indianapolis: Dr. Link has read a most excellent paper, has covered the entire field and has touched on all the things to be considered in an appendicitis—early diagnosis, early operation and clean operation, and then the careful, intelligent after-care. I think if I had my choice in having either one slighted—as between operation and care—I would have the operation slighted. I think many patients get well because of the after-care even after a very bad operation, and a good many times with a very careful operation and a most successful one the patient will die on account of the after-care, and for that reason moving a patient to the hospital is very important.

One thing in regard to the anesthesia—he says he gives his patients gas-ether. I think an improvement would be a straight gas-oxygen anesthetic. I think that gives less shock and much better chance of recovery.

DR. GOETHE LINK, Indianapolis (closing): The reason for preferring to remove the appendix, if possible, is that it has been shown definitely by the observation of a large number of cases that after healing of the pus cavity there will be a recurrence in about 10 per cent. To avoid this recurrence in 10 per cent. we advise going to a greater amount of trouble to get the appendix out in the first place.

I am pleased to see that all the discussants prefer to remove the patient to the hospital where a good operation can be done and I think that our united stand in this matter will help the physicians in their efforts to bring this about. I am sure some of my patients have been sacrificed because of the people's prejudice about leaving home.

TUBERCULOSIS OF THE CECUM*

JOHN W. SLUSS, M.D.
INDIANAPOLIS

Tomaso Nenoff, age 30, Bulgarian, came in last December to arrange for an operation for appendicitis. Owing to linguistic obstacles it was difficult to get a succinct history of his case, but it appeared that about a year and a half ago he had experienced an acute attack in his right side which had soon subsided. At that time he was in bed only for a day or two, but his convalescence left him with a soreness in his side more or less continuous. He had worked, however, until six months previous to December. As long as he remained inactive he felt very comfortable, but labor of any kind excited considerable distress. His general health was fair. He was in good flesh and did not present the appearance of one with a serious ailment. He ate well, seemed to digest his food and except for occasional attacks in which it was difficult to get the bowels to move had no particular complaint except the soreness in his flank and his inability to labor.

His temperature and pulse were practically normal. There was some albumen in his urine. A careful physical examination revealed nothing except a well-defined rather large, immovable tumor in the region of the cecum. It could be determined that the tumor shaded off toward the umbilicus and one would judge that it involved the cecum and ascending colon at least.

A diagnosis of either tuberculosis or carcinoma was made and the patient advised that the matter was not so simple as he had been led to believe—a notion he seemed wholly unable to grasp, and so he went to the hospital with the fixed idea that he would be in bed a very short time. Such faith in the saving grace of surgery is deserving of its reward. Doubtless he had heard of the "inch and a half incision and the week and a half in bed."

Assisted by Dr. McKittrick, at the Deaconess Hospital, I explored his abdomen. A long right rectus incision revealed a knobby tumor studded with tubercle, and much larger than we had expected, involving the cecum, the ascending colon and the ileum. The appendix was practically normal, did not seem to have any of the small tubercles on its peritoneal surface that were so prominent a feature of the bowel—ileum and colon—just beyond the tumor mass. The mesenteric glands were markedly enlarged, forming a mass reaching to the median line.

The ascending colon seemed to be shortened and pulled down into the tumor; the ileum in its adjacent four or five inches was thickened and studded with tubercle; beyond that, normal. There were no adhesions of any moment.

The parietal peritoneum along the outer border of the cecum and ascending colon was incised and the tumor mass lifted out of its bed without particular difficulty. The ileocolic and colicadextra arteries were identified and ligated close to their origin so that in the succeeding steps the operation was practically bloodless. The ileum was sectioned well beyond the lesion, its stump inverted; the transverse colon treated in the same manner, and the excision completed by removing a "V" shaped section of the mesentery containing the diseased lymphatic glands. In the denuded area the ureter, the vena cava and transverse portion of the duodenum were exposed. A lateral anastomosis between the ileum and the transverse colon completed the major part of the operation.

The next step was faulty, technically speaking. The denuded area is supposed to be covered by lifting and sliding the parietal peritoneum; this we were unable to do and contented ourselves by pulling over the denuded area, in some fashion, the great omentum. We closed with drainage leading down to the emptied space.

At the end of a week the patient was sitting up in bed, taking his nourishment well, having normal movements of the bowel, and to all intents and purposes seemed fire and bombproof. About this time he began to get very restless and depressed. He had expected some of his nationals to come to see him and to pay his hospital bills, but for some reason they left him in the lurch. He was impatient, too, because his wound was not healed. He removed the dressings frequently to see what progress it was making, took out the drainage tube, got out of bed to sit in the chair and was otherwise unmanageable, so that about the time the wound should have been healed, it became severely infected, the process seeming to extend down to the iliac fossa. The house doctors used Dakin's solution with good effect in spite of the patient's unruliness. In the meantime, however, signs of pulmonary involvement developed—an aggravated cough with heavy tuberculous sputum, and so after a month of lingering he died. We felt that the local infection had much to do with lighting up the process in the lung and that barring some faulty technic on our part and the patient's unfortunate mental state he should have recovered.

* Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

A second case I have under observation at this time, a rather delicate young woman of tubercular family. A year ago I was treating her for what seemed to be an ovarian insufficiency. Following an acute bronchitis she developed tubercular symptoms, characteristic cough (but without the bacillus in the sputum), temperature and pulse changes, loss of weight, etc. She had some pain in the chest, but more prominent was pain in her abdomen centering about the umbilicus.

I referred the case to Dr. Henry and under his regimen she gained in weight and general well being, though slight cough and daily rise of temperature persisted. Such was the status of her case until about three weeks ago when she developed an acute attack in the right iliac fossa which Dr. Henry thought might be appendicitis; but, aside from the location of her pain, there was nothing in the abdominal signs nor the constitutional symptoms to confirm a diagnosis of appendicitis. She has no rectal rigidity, no tympanites; her bowels move regularly, but she has occasional attacks of gastric distress; her evening temperature averages $100\frac{1}{2}$; her pulse varies from 100 to 130. The tenderness on pressure over the cecum is very marked and on palpation, the cecal walls seemed to be thickened. Her urine shows a marked Diazo reaction, which would indicate tubercular peritonitis, but considering the local signs we feel sure she has an ileocecal tuberculosis, probably in the ulcerative stage. We are preparing to operate shortly.*

Now these two cases represent clinically two distinct stages in the progress of tubercular disease of the cecum. The latter illustrates the ulcerative stage with beginning hyperplasia; the first case represents the terminal stage, viz., complete hyperplasia and cicatrization. I wish you to note this specimen as you get at a glance the points I wish to emphasize—the shortened colon, the greatly thickened wall of the cecum, the implication of the ileum and the absence of appendiceal involvement, the very marked stenosis of the lumen of the cecum and the ileocecal valve.

I want to discuss very briefly the pathologic process by which this morbid anatomy is produced. The stages of tuberculosis of the cecum may be characterized in the manner indicated as (1) the ulcerative stage, (2) hyperplasia, (3) cicatrization.

First, the ulcerative stage. We exclude from this heading those cases of disseminated ulcers of the intestine, concurrent with generalized tuberculosis and characterized by uncontrollable diarrhea—cases hopeless and invariably fatal.

Ileocecal tuberculosis in the great majority of cases is primary—at least so far as we can determine. We may suspect other foci in the lung, in bone or elsewhere, but at any rate they are latent. Occasionally, without doubt, the affection may begin in the mesenteric glands and the infection may follow the lymph channels inversely to the cecum, fasten on its peritoneal coat and eventually reach the mucosa. But from this point of view it is difficult to understand why other segments of the gut are not sometimes involved since all are equally connected up with the mesenteric glands. On the whole these conditions may be regarded as primary infections of the *ileocecal mucosa*, the bacilli reaching this favored region, along with the ingesta—infected milk, tuberculous meat and other contaminated food stuffs.

The factors which favor localization in this segment of the digestive tube are (1) the presence of Peyer's patches, tissues notoriously susceptible to bacterial attack; (2) diminished peristalsis and a degree of stasis; (3) changes in the reaction of the intestinal content. Here, therefore, is a place of least resistance where the bacterium lodges and soon, by its activities, areas of ulceration are produced.

These ulcers may be quite limited, with a tendency to spontaneous healing; or they may involve nearly the whole of the cecal mucosa. Perforation even may ensue though not as a rule.

Ordinarily the ulcerated area, in the further progress of the disease, becomes the site of great proliferation of tissue which becomes gradually organized and so that in the *second stage* a marked hyperplasia supervenes, explaining the thickening, the knobby projections, etc. In the meantime the mesenteric glands became inflamed in their effort to check the spread of infection by way of the lymph channels. Inflammatory tissue tends to contract and to distort and so in the *terminal stage* of cicatrization we find the constrictions and the stenosis in the lumen of the gut.

The morbid anatomy of these ileocecal tumors from this point is obvious; the clinical history and symptomatology of the disease quite explicable. Thus in the ulcerative stage we should expect to find pain and febrile attacks. In the hyperplastic stage the symptoms fall into abeyance except for irregular disturbances of intes-

* Since writing the above, operation revealed an enlarged appendix, and a thickened, tubercular studded cecum. The appendix removed, the cecum not disturbed. Patient recovered rapidly from operation but some two months later died of pulmonary tuberculosis with added abdominal symptoms.

tinal function; while finally in the terminal stage intestinal obstruction may mask the other clinical features.

Ileocecal tuberculosis occurs most frequently between the ages of 20 to 40 though even infancy is not wholly exempt. The sexes are affected equally. From my observations at the City Hospital I believe a certain class of our laborers of foreign birth, who are notoriously careless as to the kind and preparation of their food, are subject to these attacks. Naturally, the great majority of cases are overlooked or wrongly diagnosed until late in the course of the disease. For there are no signs, no symptoms that are typical or characteristic. The history of the case, the range of pulse and temperature, the character of the gastric and intestinal disturbances, the findings of careful physical examinations are all to be taken into account in the process of exclusion by which the diagnosis must be reached. We must consider whether the case is one of chronic appendicitis, tubercular peritonitis, peritoneal adhesions, pelvic disease, ileocecal tuberculosis or actinomycosis.

In the late stage when a well-defined tumor is present the chief difficulty is to differentiate between tuberculosis and carcinoma. In this connection we must take into account the age of the patient, the duration and character of the tumor, the character of the stools and certain constitutional conditions.

I shall recall briefly some of these points of difference. The tubercular attack occurs between 20 and 40; carcinoma rare before 40. The duration of the tubercular condition is two to three years; carcinoma, eight to nine months. The tubercular tumor is elongated and the intestine is palpable; the carcinoma is a sharply circumscribed mass and the intestine cannot be felt. The tubercular process produces stenosis slowly; carcinoma, rapidly. The tubercular tumor does not produce bloody or purulent stools; the carcinoma nearly always does. In the one the lungs may be involved; the other negative. In tuberculosis some rise of temperature is present; in carcinoma absent. In tuberculosis the urine shows positive Diazo reaction; absent in carcinoma.

Since the treatment of these two conditions is identical the differential diagnosis is not of great practical importance. Even at the operation it may be impossible to determine which condition is present and the final decision must be left to the laboratory.

In the earlier stages of the disease it will most simulate the earlier stages of tuberculous peritonitis. In fact the peritoneal involvement

in ileocecal tuberculosis gives it the characters of a local tuberculous peritonitis.

In the general peritonitis the prodromal stage may last a year with loss of appetite, languor, malaise, vague abdominal complaints with irregular action of the bowels. These constitutional symptoms are not so marked in the ileocecal form.

In the later stages in tuberculous peritonitis the pain tends to radiate toward the umbilicus and is not particularly referable to the cecum. Dyspnea, ascites, tympanites and a tumor in the left upper quadrant are points of differentiation.

The treatment of tubercular tumor of the cecum is, of course, operative. Nothing else is of value. Hartman of Paris, who seems to have had the largest experience with these cases, reports an amazingly large percentage of recoveries.

If the case is diagnosed early before a tumor has formed, the treatment should be more conservative since we know that in some cases there is a tendency for the ulcer to heal. The treatment applicable to pulmonary tuberculosis with the addition of special attention to intestinal antisepsis is wholly rational. If under this treatment there is a retrograde tendency or even if conditions remain for a long time stationary, a laparotomy is indicated. Oftentimes an affected appendix or salpinx may be removed to give the operation more justification. Though we find ileum and cecum studded with tubercle they should not be excised unless there is gross anatomic change. Oftentimes merely opening the abdomen in peritoneal tuberculosis is sufficient to set in motion the forces that may produce complete repair.

SUMMARY

The points endeavored to be emphasized may be thus summarized:

1. Tuberculosis of the cecum is practically a primary affection.
2. In its earlier stages it may be diagnosed as acute appendicitis or tubercular peritonitis. In its later stages as appendicitis with inflammatory exudates or abscess formation. In its terminal stage as carcinoma.
3. Ulceration of the mucosa; hyperplasia of all the layers and especially the peritoneal covering; terminal cicatrization with stenosis. These constitute the pathology.
4. The tumor mass is not usually adherent.
5. Excision offers an excellent prognosis if not undertaken too late; that is to say before metastasis is general and before obstruction supervenes.

DISCUSSION

DR. CHARLES STOLTZ, South Bend: I wish to warn against one point made in this paper, and that is time differentiation between carcinoma and tuberculosis as a diagnostic point. I think that the profession taken altogether are rather off on the question of time in malignancy. I frequently find in practice that by inquiring back for symptoms of malignancy the condition has existed much longer than we have been in the habit of allowing. Four years ago I removed a uterine fibroid for obstructive symptoms in the case of an unmarried woman 34 years of age. She had had obstructive symptoms for several years, and finding a large fibroid of the uterus I decided that was the cause of the intestinal obstruction; but when I got in I found at the junction of the descending colon with the sigmoid an obstructing carcinoma. Of course I was mistaken as to what caused the obstructive symptoms which had been troublesome for six or seven years, and the carcinoma had been there in all probability before she had a symptom.

In the early days of my practice I treated a paternal aunt who had been complaining of distress in the stomach for years, but only in the last six months of her life she developed typical symptoms of carcinoma. When she died it was found by necropsy that she had a carcinoma on the lesser curvature. It was only when it grew down into the region of the pylorus and caused obstruction that it produced typical symptoms.

There is nothing of diagnostic value in the theory of long time tuberculosis and short time carcinoma. We hear of ulcer of the stomach degenerating into carcinoma, but I doubt it. Once a carcinoma always a carcinoma, and you can have a carcinoma for a long time without symptoms.

DR. H. O. SHAFER, Rochester: Speaking of tuberculosis of the abdomen appearing around the cecum, I find that my diagnosis there is as it is in extra-uterine pregnancy—made after operation rather than before. Tuberculosis is often discovered after a lot of indefinite abdominal symptoms. In many cases of so-called chronic appendicitis that I have operated on—I have had two or three in the last few months—there was undoubtedly tuberculosis in the early stages. I believe that the appendix was the soil that gave the tuberculosis the start. A case within the last year was very interesting. A man had a general miliary tuberculosis, an empyema on both sides and a tubercular peritonitis. He was in such bad condition that we decided to just let him die, but he developed an acute obstruction of the bowels so I operated, did an enterostomy, and the contents of his abdomen looked so bad that we sprinkled the contents of

an iodoform jar into his abdomen, and he did not die but got better and better, and is now the electrician of the Portland Cement Company, and is as well as any person I have ever seen with a general tuberculosis. He got well from the general constitutional care that was given him afterward, and the acute abdominal condition is perfectly well, so after this I am going to open these cases up.

DR. G. W. VARNER, Evansville: I have had two cases recently that were very interesting. One of them had indefinite symptoms and on operating we found a tuberculosis of the entire abdominal cavity, and there was very little to do, but we drained the cavity and she commenced to improve, left the hospital in a short time, and the last time I saw her she inquired whether she was well enough to be married.

The other patient, in whom I had diagnosed an ovarian tumor of considerable size, left the hospital recently. On opening the abdomen I found an encysted fluid by the peritoneum and it was tubercular. The entire abdomen was filled with this deposit. I opened up and removed this fluid and three or four cysts and she is getting better.

I feel that these cases of tubercular peritonitis are not hopeless. I think Dr. Sluss is right in saying that tuberculosis comes early and carcinoma in later years. I have a case now that I opened up some time ago. He had had vomiting and we thought he had an obstruction of the bowels, and we opened him up and found a carcinoma of the bowel so we sewed him up. He has had no more obstruction since and no more vomiting, but is gradually declining.

DR. L. F. SCHMAUSS, Alexandria: In cases of tubercular peritonitis it is not always necessary to open them up. I have had three or four cases recently that have got well—one of them a rather pronounced case—without opening them up. There was fluid and masses in the abdomen; one mass in the region of the cecum involving the appendix, in which the fluid and adhesions disappeared. The patient gained 30 pounds and has been well for two or three years. He has been treated on general measures, including a preparation of creosote and iodine, and this patient also had tuberculin, but I am not sure whether it helped or not. The other cases had no tuberculin. I am sure that many cases may be helped without surgical interference.

DR. J. H. EBERWEIN, Indianapolis (closing): I was called on to read this paper for Dr. Sluss, for he is in a base hospital now. In the paper Dr. Sluss outlined the subject pretty thoroughly. The cases of tuberculosis in the abdomen, it seems to me, if diagnosed a little early so that the large tumor collections would not be found and the extensive enlargement, the mere opening up of these cases will clear them. I remem-

ber a case Dr. Clark operated on several years ago in which there was such a large involvement it was a question as to whether it was tuberculosis or carcinoma. In making a very light examination of the condition he ran his finger into the urinary bladder and the patient was sewed up to die, but instead he went on to complete recovery. One mistake made in this case was the anesthetic employed; it probably fired up an old tuberculosis which was the cause of the patient's death eventually. When tuberculosis men say that 90 per cent. of the people in this country have tuberculosis in some form, either active or latent, it seems to me it would be a good plan to use gas anesthetic in all cases we operate. We all know the advantages of gas anesthesia, especially in cases where we suspect tuberculosis.

THE SURGICAL TREATMENT OF UTERINE DISPLACEMENTS *

B. F. KUHN, M.D.
ELKHART

Operations for the relief of uterine displacements are never life-saving procedures, but are sought to bring about relief from suffering or discomfort only. Unless we are able to assure these patients that the operation advised will bring the desired results with a considerable degree of certainty and without any great degree of risk of life, we are not justified in urging operation. In these cases the fear of sepsis need not deter us from advising an abdominal operation, but in old women with low vitality and an excess of adipose tissue we may well hesitate before selecting an abdominal procedure, even though we think it otherwise indicated. It is evident, therefore, that if we attempt to treat surgically all cases that present themselves we must in the interest of safety eliminate the abdominal operation in quite a large percentage of these patients.

As to the question of results, we find a wide difference of opinion among writers. Dr. Fletcher¹ of Columbus, Ohio, says practically 100 per cent. of cases operated by amateur surgeons recur, and patients operated by competent men, following well recognized principles, not infrequently return, complaining of discomfort and cystocele. Dr. Polak² of Brooklyn reported 400 cases operated by the Webster-Baldy method, having kept in touch with 376 cases

and in thirty-two the uterus was found retroverted and prolapsed; thirty wore pessaries, and two had the ovaries lying anterior to the broad ligaments. And it should be borne in mind he was not seeking to discredit the operation, for he says: "No operation seems to meet the situation so well as this when the conditions are favorable."

On the other hand, some writers are very positive of uniformly good results, as, for instance, Dr. B. C. Hirst³ says: "For a number of years my clinical material in gynecology has been one of the largest, if not the largest, in a city of a million and a half population, aggregating about 4,000 women a year in the ambulatory, outpatient service and ward patients. It is apparent that cases of prolapse of the uterus are commonplaces in my clinic, the number in the last ten years amounting to several hundred. Out of all this number not a single patient has returned on account of a recurrence."

While the originators of the various operations no doubt attain a great degree of technical skill and as a result are more successful with their particular procedure, it is very evident we have passed the time when we can fit the case to the operation. The constant efforts put forth to improve on the well established operations, and the frequent development of new and radical procedures all tend to show that this field of surgical endeavor as yet does not yield the results desired.

While it is not our purpose to consider etiology, yet we think it worth while to refer to the work done by Dr. C. H. Noble⁴ of Atlanta, Ga., giving us an insight into the forces that retain the uterus in its normal position as well as some of the forces that tend to bring about its prolapse. He likens the uterus to a ball within a closed cylinder surrounded with fluid and under pressure. The pressure acting in all directions exactly equalizes itself and the ball neither tends to rise or fall. The uterus being surrounded by freely movable tubes filled with fluid and gas does not alter the physical law, and in a normal condition, being almost completely surrounded, there is very little downward pressure. As soon, however as the organ prolapses so as to lie on the pelvic floor, the intra-abdominal pressure acts on the anterior aspect only and the organ is forced down, the pelvic floor thereby being forced to bear all the weight of the intra-abdominal pressure,

* Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

1. Fletcher, Fred: *Surg., Gyn. and Obst.*, Feb., 1913, p. 216.

2. Polak: *Jour. Am. Med. Assn.*, Oct. 18, 1913, p. 1430.

3. Hirst, B. C.: *Jour. Am. Med. Assn.*, March 23, 1912, p. 846.

4. Noble, G. H.: *Surg., Gyn. and Obst.*, January, 1915, p. 45.

which he has shown amounts to as much as 80 mm. of mercury during severe coughing.

It can be readily seen that the same condition in a lesser degree exists when the cervix has descended part way down the vaginal canal, and we are led to wonder if amputation of the cervix, advocated by so many operators without any definite agreement as to how it produces its results, may not owe its beneficial effect to the fact that it allows the vaginal wall in front of the culdesac to again come in contact with the anterior wall and thereby restore the lifting effect of the intra-abdominal pressure to the lower end of the uterus. Dr. Noble was able to determine the intra-abdominal pressure by placing an inflated air-bag in the inverted sac of ventral hernias, and further by placing an air-bag beneath the cervix he was able to show that when the intra-abdominal pressure was as high as 80 mm. of mercury the uterine ligaments sustained one fourth of the downward pressure.

Aside from perineorrhaphy, the Alexander operation was the first operative procedure to become popular, due, no doubt, to the fact that it could be done without invading the peritoneal cavity. Notwithstanding its shortcomings it was used extensively at one time, and at the present is practiced to a limited degree and with good results in selected cases.

With this operation it was not possible to inspect the pelvic organs by sight and touch, so there was always an element of doubt in cases so operated. In some cases it was very difficult to locate the ligaments, necessitating a great amount of manipulation with the consequent danger of infection which might loosen the ligaments and perhaps leave them worse than before.

Of the intra-abdominal operations for retroversion, probably the Webster-Baldy is the most popular at the present, but it, of course, is limited in its scope and has some objectionable features.

Dr. Polak² reminds us that if we place the ligaments too low on the posterior aspect of the uterus we may change a retroversion to a retroflexion because of the uterus bending backward over the sling formed by the ligaments. On the other hand, if placed too high the uterus may slip downward and roll the ovaries over the ligaments. To avoid their slipping upward and to have them covered I have in some of my later cases tunneled under the peritoneum with a Cleveland ligature carrier, bringing it out in the midline posterior to meet the opposite lig-

ament where they are sutured. An unpleasant feature of this operation is that about 6 or 8 per cent. of the cases are followed by thrombosis of the pelvic veins and a consequent prolonged convalescence, but it is said the danger of this can be somewhat lessened by care in perforating the broad ligaments so as to avoid hemorrhage.

The Gilliam operation⁵ is performed by grasping the round ligament $1\frac{1}{2}$ inches from the uterine end and bringing it through an opening in the abdominal wall $1\frac{1}{2}$ inches from the pubes and 1 inch from the median incision. This stab wound includes the rectus fascia, to the upper surface of which the loops of the round ligaments are firmly sutured. This operation would seem to be unsuited for cases with any great degree of prolapse, but Dr. Gilliam has modified it somewhat with the idea of making it applicable in such cases. His modification consists in carrying the round ligament through the broad ligament from before backward and then through the abdominal structures. Dr. Gilliam says we now seldom hear the old objection to this operation, namely, that there was great danger of intestinal obstruction from strangulation because of the small ring left external to the point of perforation of the abdominal wall.

However, Dr. Watkins⁶ reported a case this year that necessitated an intestinal resection.

All the round ligament operations have the advantage of being applicable to cases in the child-bearing age, as is also the Coffey plication operation. Dr. Coffey contends that the success of all the round-ligament operations owe their efficiency to the fact that they shorten the anterior peritoneal fold of the broad ligaments, and he therefore devised an operation that is intended to bring this about in a more direct way. He calls it the plication operation, and it consists in the suturing of the round and broad ligaments to the anterior aspect of the uterus in such a way as to pull the organ well forward. There seems to be a growing belief that shortening of the round ligaments does not do all that can be accomplished for retroversion and there is a tendency to look for some procedure that will keep the cervix well up in the pelvis. This has led to the consideration of various methods of shortening the sacro-uterine ligaments, but because of their location the technical difficulties have been great. Dr. Bovee⁷ called atten-

5. Gilliam, *Tod: Jour. Am. Med. Assn.*, Feb. 18, 1911, p. 486.

6. Watkins, T. J.: *Surg., Gyn. and Obst.*, August, 1917, p. 220.

7. Bovee: *Surg., Gyn. and Obst.*, May, 1915, p. 607.

tion to them in *American Gynecology* in 1902, and said that as far back as 1850 efforts had been made to utilize them.

Dr. Goffe⁸ makes the statement that the sacro-uterine ligaments are the most rational structures we can use for restoring the uterus to its normal position. Dr. Franklin Martin⁹ utilizes them in the transposition operation by forcing forceps through the broad ligaments at the level of the internal os and under the guidance of the finger passed over the uterus grasps the ligaments near their middle and pulls them through and sutures them firmly on the front of the cervix.

Others shorten them by approaching them from the abdominal side,¹⁰ but Dr. Henry Jellett¹¹ of Dublin devised a method that for ease of execution is certainly superior to any other with which we are acquainted. It consists in cutting completely around the cervix and pushing up the vaginal cuff so formed until the ligaments come into view. They are then grasped in forceps and severed at their uterine end. The posterior part of the incision is then closed. This leaves the ligaments protruding from each side and in the grasp of the forceps. The cervix may now be pushed back and the ligaments crossed over in front and firmly sutured to its anterior aspect, after which the cut in the mucous membrane is closed. He says this has proved of use when other methods have been insufficient and is especially applicable in primipara.

There seems to be quite a general agreement that the cervix should be amputated in cases of prolapse where it is elongated or enlarged, but few express any definite reason for the benefit that most all agree comes from this procedure. Some say it is for the purpose of getting rid of the extra weight, and others to get away from the wedge-like effect. Dr. W. J. Mayo¹² says it may be too long to lie in the hollow of the sacrum without flexion. An occasional protest is heard, as, for instance, Dr. Dudley says:¹³ "It is believed that sometime an enlightened profession will discard amputation of the cervix for prolapsus uteri." All agree that a relaxed or lacerated perineum should be well built up, but the fact that we may have a complete laceration without prolapse shows that there are other forces capable of supporting the pelvic organs in some cases for a time, at least.

We cannot spend much time on the question of perineorrhaphy, but a careful review of an article by Dr. Goldspohn¹⁴ convinced me that a great many of us who thought we were uniting the fibers of the levator ani muscles in doing a perineorrhaphy were only working on the vaginal border of the urogenital trigon, when the levator ani fibers lay perhaps a half to three quarters inch deeper within the pelvis. Dr. Goldspohn assures us that the prominent border felt at the vaginal entrance is not the muscle in question and, while it should be united, we should first go deeper within the pelvis to reach the levator fibers with deep sutures, and then follow up with the other layers.

For prolapse with cystocele, the transposition operation is apparently becoming more popular, and while it must be limited to cases past the menopause or to women who should be sterilized by section of the tubes, there are a few other points that must be carefully considered if we are to get good results in its application. When the ligaments are so stretched that, after the uterus is brought down beneath the bladder it may be brought out of the vaginal opening, some modification is necessary, such as Goffe's¹⁵ operation. This consists in resecting the uterus and uniting the broad ligaments by firm mattress sutures beneath the bladder which rests on the shelf formed by the ligaments. Dr. C. H. Mayo very clearly describes and illustrates this operation in an article published in *Surg., Gyn. and Obst.* for March, 1915.

A technical error which I have never seen referred to by Dr. Watkins, our chief exponent of this operation, and one which I believe occurs frequently in cases operated by men of less experience, is described by Dr. Lester E. Frankenthal.¹⁶ It consists in a failure to separate the bladder well out to the sides so as to free it from the parametrium and broad ligaments and allow it to ride free on top of the anteverted uterus. Failure in this may leave the bladder shaped something like the inverted letter U and the pockets so formed may not empty themselves of urine and the consequent retention will set up an intractable cystitis.

One troublesome feature of this operation is the free bleeding that is associated with the separation of the bladder from the surrounding structures, and which, if not controlled before closure of the wound, may cause a hematoma that is likely to become infected and so form an

8. Goffe, J. R.: *Jour. Am. Med. Assn.*, July 5, 1902, p. 16.
 9. Martin, F.: *Jour. Am. Med. Assn.*, Oct. 4, 1913, p. 1247.
 10. Neel, J. C.: *Surg., Gyn. and Obst.*, February, 1916, p. 233.
 11. Jellett, H.: *Surg., Gyn. and Obst.*, August, 1911, p. 206.
 12. Mayo, W. J.: *Jour. Am. Med. Assn.*, Oct. 19, 1912, p. 1421.
 13. Dudley, E. C.: *Practical Medicine Series*, Vol. 4, 1916, p. 109.

14. Goldspohn, A.: *Jour. Am. Med. Assn.*, Aug. 15, 1914, p. 538.
 15. Goffe, J. R.: *New York Med. Jour.*, May 18, 1912.
 16. Frankenthal, L. E.: *Jour. Am. Med. Assn.*, July 3, 1909, p. 16.

abscess. Special effort should be made to close all bleeding points with fine catgut sutures.

Dr. Polak¹⁷ reminds us of the fact that the transposition operation will not be successful in cases where the bladder prolapse has occurred at the post pubic cleavage plane.

There is quite a large class of cases, advanced in years, in which an abdominal operation would entail an element of risk that would make us question the advisability of the procedure, and it is in this kind of cases particularly that the Watkins-Wertheim operation will find one of its greatest fields of usefulness.

In the treatment of prolapsus of any great degree by the abdominal methods it is seldom that ventral fixation is considered sufficient, as the constant drag on the attachments will eventually lengthen them so as to allow the prolapse to again occur, besides causing constant distress by traction on the sensitive peritoneum. Following the Kocher principle a great many operations have been developed for the purpose of firmly uniting the uterus or the uterine stump to the abdominal structures and thereby furnishing dependable support from above.

Dr. Baldy¹⁸ does a supravaginal hysterectomy, ligating and suturing the broad ligaments to the stump, then, by means of two silkworm gut sutures, brings the stump up tight against the abdominal wall down near the pubes, tying the sutures on the rectus fascia. He says experience has taught him that it is possible to attach the stump so far from the pubis as to defeat the object desired.

In this connection Dr. Baldy puts forth an idea that, we might say, has prompted most of the efforts in the development of these more radical methods of uterine suspension. He says: "In spite of all the argument to the contrary, I am personally unable in every case to assure all my complete prolapse patients of reasonably sure cure without the aid of an intra-abdominal operation."

Dr. Philander Harris¹⁹ of Patterson, N. J., brings the body of the uterus out of the abdomen and sutures the peritoneum close around it near the cervix, and then as he closes the abdomen, sutures the body of the uterus to the under side of the abdominal fascia.

Dr. William Tod Helmuth²⁰ of New York splits the uterus and brings each half through a cut about three-fourths inch each side of the median incision, and after the abdominal wound is partially closed unites the two halves above the abdominal fascia.

Dr. Eastman²¹ brings the uterus out of the abdominal incision and passes a steel pin through from side to side, allowing it to rest on the dressings while healing is taking place. In this operation the fundus is left exposed and soon becomes covered with skin.

Dr. Murphy ligated the ligaments and sutured them down to the sides of cervix, bringing the body out of the wound and suturing structures firmly around uterus. Then splitting the body, he dissected the mucous membrane from each half, spreading them out and suturing them to the upper surface of the abdominal fascia.

Dr. C. H. Mayo does the operation similar to the Murphy method, but varies it by suturing the split halves of the uterus beneath the fascia, instead of above. Dr. Mayo calls attention to a very practical point in these cases. He grasps the cervix and pushes it high up and says if this procedure does not carry the cystocele up with it the operation will be useless.

These radical fixation operations have a feature to commend them, in that the attachment is made to structures comparatively insensitive as compared with the peritoneum, which is utilized in the Kelly method. I have operated three cases by the Mayo method, suturing the halves of the uterus beneath the fascia and the results have been very satisfactory.

CONCLUSIONS

1. The uterosacral ligaments have not received the attention they deserve, and the Jellette method seems to hold out a way of overcoming the technical difficulties encountered heretofore.

2. Individualization is the keynote in the treatment of uterine displacements, and the only way we can attain a good measure of success in this line is to familiarize ourselves with a number of the standard surgical procedures, and make a thorough and careful study of each case to determine which operation is most suited and most certain to bring relief.

DISCUSSION

DR. L. F. SCHMAUSS, Alexandria: I do not feel competent to discuss this paper, but I was asked to do so, and I have not had time to even look the paper over thoroughly. The fact that Dr. Kuhn gave us a very good résumé for the displacements, and the fact that there are so many different operations, shows that none of them have been entirely satisfactory. Perhaps some of them would prove satisfactory if we would stick to them and were not always looking for new methods to displace old ones. Personally I have had no experience with many of the

17. Polak, J. O.: *Surg., Gyn. and Obst.*, October, 1914, p. 501.

18. Baldy: *Surg., Gyn. and Obst.*, August, 1912, p. 184.

19. Harris, P.: *Surg., Gyn. and Obst.*, July, 1910, p. 94.

20. Helmuth, W. T.: *Ann. of Surg.*, April, 1917.

21. Eastman, J. R.: *Surg., Gyn. and Obst.*, February, 1911, p. 160.

procedures. I have not tried the Webster operation because I have been satisfied with the Gilliam operation. I think this operation, where there are no contraindications, will give a very satisfactory result not only as to the symptoms, but particularly in not interfering with any subsequent pregnancy. In the Gilliam operation it is advised to bring the ligaments outside of the fascia of the rectus and to bring the gauze through, but I am never quite satisfied with that because it leaves a dead space and, furthermore, it brings the ligaments out. I prefer to tunnel underneath and bring the ligaments through and fasten them underneath the fascia. I think this leads to less trauma.

The question regarding the suspension operation of Dr. Kelly's—that operation used to give failures in about 15 per cent. and the question is, What is responsible for those failures? Of course, the new position of the womb is very important; this applies to the Webster and the Gilliam. If the uterus is stitched too low down or too high up the results will not be satisfactory. There is no doubt in my mind that in a lot of the failures in this operation the necrosis is responsible. I think that is a point which should be very well considered, not only in the amount of infection, but in the way you suture the ligaments. If you are not careful you are going to shut off the circulation and necrosis will develop.

Another point I would like to mention is the fact that unless we are careful we are apt to get hold of the Fallopian tube instead of the round ligament. You will say this is not possible, but I am sure many operators have had the Fallopian tube in their forceps instead of the round ligament.

I think a very important cause of failure is the exertion of too much traction. I think no matter what the operation is that unless the ligaments lie in the long position easily without any traction you are apt to have failure. One of my early cases was of that kind. It required a great deal of traction to bring it into place.

Another point is that of abdominal complications. In women past the menopause I think it is often better to remove the uterus than to stitch it in place.

DR. EVERETT E. PADGETT, Indianapolis: Wherever medical men are gathered together this subject is apt to be discussed, and it seems that every man has different methods of accomplishing the same thing—which does not speak very well for the results we have had in the past. Within the past year I have had occasion to look this matter up in the enormous amount of literature written on the subject, trying to summarize the different methods for correcting a retroflexed uterus, and I was fortunate to find that another man had done this

for me and he had found 141 different methods for supporting a retroflexed uterus. This simply shows, to my mind, that you cannot fit every case to any particular method, but you have to fit the method to the case when you get it. Anyone believes that we can make the uterus stay in the abdomen if it is properly attached; yet at the same time I think that operating through the vagina has not been done as much as it should be. I refer to the shortening of the uterosacral ligament without opening the abdomen. When the abdomen is open you have your choice of several methods, and I believe the one I like better than any other is the Kelly, and whenever I have a case it will fit I do a Kelly. It is the simplest I can find and at the same time does the work better than any I can find—that is, for shortening of the round ligament. This operation consists of placing a forceps through the round ring and putting a suture through the ligament and fastening it through the internal ring. This does not cut off the blood, and if it is only a matter of shortening the round ligament it does the work as well as any other. In cases where I fear the uterus is going to fall anyway, I do a Gilliam, and so far I have not had any bad effects from this. Of course, you have to hunt around and find the operation that suits you best, but no abdominal operation will be a success unless you make the operation fit the case.

DR. A. M. HAYDEN, Evansville: I have seen all kinds of operations and have finally settled down to the one done by Dr. Barrett of Chicago for the retroflexed uterus. That is going down in the fascia, opening the muscle, going through the internal ring and catching up the round ligament and bringing it up over the broad ligament on either side and suturing them together. I have done five or six hundred in the last seven or eight years, and every time I tell the patient if the uterus comes down I will give her \$10. In this way I have been able to examine two or three hundred subsequently, and have never found a thing wrong. I have now raised the price to \$25 if the uterus comes back, if they have a retroflexion.

For the prolapsed uterus we do altogether the Watkins modification. In nearly all these cases of complete prolapsus of the uterus you will find a hypertrophic cervix, sometimes as high as 10 inches from the cervix to the fundus. In these cases you must amputate the cervix high up or you will not be successful in the Watkins operation. The cases under the menopause you have to sterilize and divide the round ligament and take out a section of the ovary so there will be no more pregnancies. This operation looked very good to me when I read about it, and I went up and saw it and came home and made three operations exactly like Watkins, and out of the three I had one failure, and then I modi-

fied it and since then the operations have been very successful. But there has been no operation devised by Gilliam or any other that will not compare with the Alexander. This operation brings the broad ligaments across the top of the rectus muscles and they are sutured to the top part of the fascia instead of underneath. I hold them together with a suture of soft material.

DR. CHARLES MARVEL, Richmond: A few years ago I attended a clinic and heard a doctor remark that the man who sewed up many kidneys did a lot of useless surgery. So far as this paper goes, I think it is estimated that about 60 per cent. of uterine displacements cause no symptoms, and the great amount of operating that is being done for uterine displacement is superfluous.

DR. B. F. KUHN, Elkhart (closing): No one ever expects people to agree on this subject. As to the frequency of uterine displacements, that is a different subject. Mayo claims that it occurs in 50 per cent. of women. C. H. Mayo brought out a very practical question, to my mind, when he was considering the Kocher method; he will push the cervix up and see whether it takes the bladder up with it. If it does not take the bladder up and get rid of the cystocele it does not accomplish anything. A very practical point and worth keeping in mind.

So far as the ideal method is concerned, we know there are very few cases in which we can even approach an ideal position unless it is in a simple case of retroversion. In a prolapsus we have to be satisfied with practical results, and if we can carry out an operation that will bring results and symptomatic cure we must be satisfied even though it violates all the rules of surgery, so I am content with the Watkins-Wertheim operation.

INFECTIONS OF THE URINARY TRACT IN INFANTS AND YOUNGER CHILDREN DUE TO THE BACILLUS COLI COMMUNIS*

CHARLES A. SELLERS, M.D.
HARTFORD CITY, IND.

By introduction, I want it understood that the title of my paper refers only to the colon bacillus, and I mean for this term to cover the whole family of coli.

During the year of 1907 and 1908, there occurred in my practice a number of cases of urinary disorders, especially in infancy and early childhood, due to a motile organism. After

making a rather thorough search through the textbooks and late literature, at that time I found very little written on this subject. I concluded from this that I might do a little research work of my own. This I did in part, but circumstances came up at that time which prevented my completing the work. There has since been an enormous amount of work done, and much written, and probably I will not be able to give you anything original, but I believe I have investigated from a very different angle than most others.

During the year 1909 I sent out six hundred letters of inquiry to the medical profession, with return stamped envelope. Five hundred of these letters were directed to the general practitioners who had graduated from reputable medical colleges and who were members of the American Medical Association. The other one hundred were directed to men who were doing special work in pediatrics, and connected with colleges or hospitals.

These letters were sent to every state in the United States, and to the Dominion of Canada, Mexico, Cuba, Central America, South America, Hawaiian Islands, Japan and England.

The questionnaire was as follows:

I am collecting data on cystitis, especially colicystitis, or cystopyelitis, occurring in infancy and early childhood. You would confer a great favor by answering the following questions:

How many cases have you had? Age. Male or female. Were the first symptoms clinically that of a cystitis? If not, what were they? In your opinion what was the mode of entrance? Was the diagnosis made clinically, microscopically or culturally? What organisms predominated? If the colon bacillus, was the thread reaction of Pfaundler present, and at what dilution? What was the course and complication?

From these 600 letters of inquiry I received 349 answers, and collected 172 cases; 319 answers were negative, and 30 positive. Of these 30 positive answers, 27 came from men who were doing special work in pediatrics, and the other 3 came from general practitioners, which includes 8 cases. One general practitioner reported 4 cases. Up to 1911, I had collected from the literature and my own practice 346 cases. I can now add from my own practice to the present date 50 studied cases. My work is that of a rural general practitioner.

In the year 1894 Escherich pointed out the frequent occurrence of cystitis occurring in infants and younger children, especially girl

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babies. The confirmation of his observations by other writers at that time led him to attempt the establishment of the term "colicystitis" or "cystopyelitis."¹

Abt of this country was probably one of the first to describe this affection among children.

M. J. Lippe of St. Louis followed with a very interesting article read before the Bethesda Pediatric Society, 1907. John Lovett Morse, Boston, had a very exhaustive article in the September, 1909, issue of the *American Journal of Medical Science*.

I should say that the most neglected part of the routine examination of infants and younger children is the examination of the urine, as the results of my questionnaire most emphatically prove. Especially does this apply to the general practitioner, but it applies to the pediatrician as well if one can judge by the way in which some of their urinary reports are slurred over. Even in this age of thoroughness in medicine, everyone suspects in a child with an atypical fever and restlessness, first, intestines; second, throat and ear, and third, meninges. The urine as a means of gaining diagnostic aid is considered seemingly as a last resort.²

Twelve or fifteen years ago we were taught in the medical schools that pyelitis was a rare affection in infants and children. All present-day investigators feel justified in the opinion that pyelitis was simply an overlooked disease which is daily coming into prominence, not as one of the rarer causes of obscure fever, but one of the most probable causes.²

The organism most often found in the infections of the urinary tract of babies and younger children is the colon bacillus. That it is the primary infecting organism most investigators are agreed. However, the recent experiments carried out by Helmholtz and Beeler³ would lead us to believe that this is not true, as they seemed to get more kidney takes when the colon bacillus was mixed with the pneumococcus. They think the primary organism may be easily overlooked because cultures are not usually made early when both organisms would most likely be present. The colon bacillus they think would tend to overgrow the other organism.

The bacillus coli takes up its habitat in the bowel of the human probably during the first weeks of life. Artificially, it will grow on almost any kind of media, but thrives best on the carbohydrates. In fact, its greatest force is spent

upon the process of fermentation. It is gram-negative. Its growth is yellowish and profuse. It does not liquefy gelatine. Litmus medium is rendered acid, and milk is coagulated. Indol is formed. Casein is not digested. Acid and gas are formed from its action on dextrose and lactose.

There are three ways by which the organism may gain entrance in the urinary tract: First, the ascending route infection, through the urethra, bladder; second, through the lymphatics, and third, through the blood stream.

The ascending route infection has had from the beginning the greater number of supporters, principally because of the greater preponderance of girl babies affected over boys, but of late this method has been losing ground. I have examined the urines of twenty-one healthy female infants ranging in age from 5 to 12 months. In six the urine was catheterized, and in fifteen it was collected in a sterile receptacle after cleansing the vulva. The catheterized specimens showed the colon bacillus in two samples. Thirteen of the fifteen showed microorganisms, and ten of the thirteen were gram-negative bacilli.

Beeler and Helmholtz⁴ report the following from 118 carefully catheterized specimens of urine from sixty-one different girls. Sixty-one were sterile and fifty-seven contained bacteria. Of those from normal infants, thirteen were sterile and eleven contained bacteria. In no instance was gram-negative bacilli found in such numbers that it seemed probable that it was more than an accidental contamination from the urethra. They concluded that the organisms of the colon bacillus group are not normal inhabitants of the female urethra in infancy; also, that in the extra-urinary infections occurring in the first years of life the colon bacillus is frequently found in the urethra (one third of these cases). They further conclude that in girls over two years of age the urine is almost always free of organisms, and in their series entirely free from bacilli of the colon group.

On the other hand, Schmidgall found the vagina of the newborns sterile twelve out of thirteen times, and by the second day a profuse growth of cocci. She states further that she has isolated the colon bacillus in twelve out of twenty-one newborns after the second day.⁵

Edith Williams found in the urine cultures of seventy consecutive cases; that of forty-four

1. Pfaunder and Schlossman: Diseases of Children.

2. Archives of Pediatrics, Vol. 32, No. 3, p. 199.

3. Helmholtz and Beeler: Focal Lesions, Am. Jour. Dis. Child., Vol. 14, No. 1.

4. Am. Jour. Dis. Child., Vol. 12, No. 4, p. 345.

5. Am. Jour. Dis. Child., Vol. 12, No. 3, p. 235.

patients with chronic intestinal disorders, sixteen showed the colon bacillus.⁵

MacGowan states that he has seen a rise of micro-organisms in the urine, especially the colon bacillus with neglect in the care of bowels.

After reviewing the enormous amount of work done on the modes of infections of the urinary tract, I feel that the evidence points to the direct blood stream as the more probable, the organism gaining entrance to the blood stream in a great many instances by the lymphatics. In support of this, Crabtree found the colon bacillus in the blood stream in seven out of nine patients who developed pyelitis, stating that the blood infection was always early in the disease, disappearing later as in typhoid fever.⁵ Smith, thinks this statement satisfies all the conditions, except in offering an explanation for the greater frequency of the disease in the female, but thinks this can be explained by the very important source of lymphatics in the female pelvis. He quotes Poirier and Sobotta, who have shown that the lymphatic vessels draining the pelvic organs are connected by free anastomosis with the kidney. These statements are probably satisfactory from an anatomical point of view, but it does not yet satisfy especially as to the cause of increased virulence of this organism.

As stated above, the colon bacillus requires a carbohydrate medium to flourish, and its force will be spent upon the process of fermentation. To quote Adelaide Ward Peckham, in her elaborate study of the influence of environment on the colon bacillus: "Normally, the contents of the intestines remain acid until they reach the colon, and by this time the tryptic peptone has been formed and absorbed; but during the process of inflammation in the intestinal tract a very different condition exists. The peptic and tryptic enzymes may be practically suppressed. Fermentation of the carbohydrate and proteid foods then begins in the stomach and continues after the mass of food has passed on into the intestines. The colon bacillus, therefore, cannot spend its force upon fermentation of sugars, for they are already broken up, and an alkaline fermentation of proteids is in progress. It cannot form peptone from the original proteid, for it does not possess this property, and unless trypsin is present it must be dependent on the proteolytic activity of other bacteria for a suitable form of proteid food." She states further, that "perhaps these bacteria form an albuminate molecule, which like lucin and tyrosin cannot be

broken up into indol, and thus there might be caused an important modification of the metabolism of the colon bacillus, which might have either an immediate or remote influence upon its acquisition of disease-producing properties."⁶

Quoting further from Adelaide Ward Peckham, who in turn cites the experiments of Klecki, Dreyfuss, Fermi and others, these writers appeared to favor the theory that the virulence of the colon bacillus is the result of growth in living fluids of the body, which are supplied with an unusual amount of albuminous matter by the process of inflammation. She shows by experiment that the production of indol and pathogenesis can both be increased by growth of a culture in a medium which contains an unusual amount of proteid material, so prepared as to be especially suitable for bacterial assimilation. She also contends that the colon bacillus which does not form indol is an atypical one.⁶

What do we find in the urine in the so-called cases of acidosis? First, an increased amount of ammonia salts which is to be regarded as an excessive quantity of acid in the body. The amount of ammonia is increased in the urine whenever the proteids of the diet are increased at the expense of the carbohydrates for the reason that the proteids furnish the acid ash. The ammonia is further increased when there is a pathological breaking down of the tissues of the body, for this is equivalent to an increased proteid catabolism. The body for the most part retains its fixed alkalies for the transportation of carbon dioxide, therefore, the carbon dioxide must depend on the amount of free alkali in the blood. We are all agreed that the degree of acidosis is measured by the amount of alkali required to produce an alkaline urine.

It seems to me from these facts gained from those who have been doing special work with the colon bacillus, one fact stands out fairly prominent, and that is that the colon bacillus may be found in the vagina of almost 100 per cent. of girl babies after the second day of life. Now if we accept this fact, also the fact that the virulence of this organism depends upon a high proteid food or some of the byproducts of proteid metabolism, supplemented by an acidosis to increase the virulence, we have then answered one of the reasons why girl babies are more often affected than boys. In further proof, John Zahorsky of St. Louis has demon-

6. Peckham, Adelaide Ward: The Influence of Environment on the Colon Bacillus, from the Laboratory of Hygiene, University of Penn.

strated that the ammoniacal diaper is a precursor of pyelocystitis, principally because of ammonia salts of the urine and stools coming in contact with the diaper which has not been thoroughly rinsed of its soaps, thereby liberating a free ammonia which produces an irritation of the skin in the diaper region.⁷

After studying the record of fifty of my cases of infections of the urinary tract due to the colon bacillus and comparing these with my cases of acidosis I have found two things that stand out fairly common to both, and that is the percentage of females affected is strikingly similar.

Forty-five of my cases were artificially fed, and five were fed the breast, but the infants were not doing well. Twenty-eight were fed condensed milk, seventeen were fed on other patented foods. Over 50 per cent. of my cases gave a history of ammoniacal diaper; eight of these cases had a severe inflammation some place in the diaper region. Eighty per cent. of my girl babies gave a history of a vaginal discharge observed by the mother. In 40 per cent. the colon bacillus could be demonstrated by smear and culture at the time of consultation; six were boys and forty-four were girls. All boys had elongated prepuce with adhesions to the glans. Probably 70 per cent. of my cases of pyelocystitis due to colon bacillus developed acidosis either during the acute disturbance or later. In a personal letter from Henry E. Helmholtz of Evanston, he states that "we have had many cases of pyelitis that showed acidosis." A very few cases of my ileocolitis have been complicated by pyelocystitis, which is contrary to most other observers.

Helmholtz and Beeler,⁸ in a more recent article relating to pyelitis, and read before the American Medical Association in June, 1917, remark that the numerous attempts in the past to produce pyelitis experimentally have been most disappointing, and that two possibilities for infection are, first, a loss of resistance of the kidney or increased virulence of the organism, and second, a stopping up of the natural washing out of the urinary passages. They cite Stewart's work on the transplantation of the ureters into the rectum, showing that the spread of the infection is upward by the lymphatic channels rather than the lumen of the ureter. They refer to their above series of experiments, repeating the statement that the tendency of the organism to produce lesions in

other organs is just about as great as in the kidney; but during the course of these experiments as related above, they found one female rabbit with a constant purulent urine. Cultures taken from the urine of this rabbit showed an organism with all the characteristics of the bacillus coli communior. This organism had a specific tendency to localize in the kidney tissues of about 70 per cent. of all of the animals injected. The question should be raised, why the increased virulence of this organism in this one rabbit? They think it due to specificity of the organism. They quote Rosenow's experiments with the colon bacillus combined with the streptococcus in gastro-intestinal infections, especially those of the appendix which showed that the colon bacillus had a greater specificity when combined than when used alone, and that Rosenow's experiments were in conformation to their own by the use of the pneumococcus combined with the colon bacillus. They do not concede that many investigators have shown that acidosis is quite a frequent accompaniment of pneumococcus and streptococcus infections. They do, however, mention experiments of injecting turpentine and other irritants into the bladder which were sufficient to bring about an involvement of the upper urinary tract, after the inoculation. Should we follow the principles of Martin H. Fischer's theory of edema, local or general, that the hydration capacity of the tissues are increased by the irritants to the urinary tract, this should produce the X that is required to increase the virulence of this organism. This X I would say is rich in albuminous material and according to many investigators, the food required to increase the virulence of this organism.

The symptoms of this urinary infection are: Fever, intermittent in character, and going very high at times, especially when the infection has been an ascending one and has reached the kidney; marked thirst and pallor are very conspicuous symptoms, becoming very evident early in the disease. There is marked prostration, with rapid loss of water from the tissues, distinct chills at times, and pain is evidenced by crying during the act of urinating, which is frequent and in small amounts. There will at times be symptoms directing you to the cerebro-spinal tract, such as a positive Kernig and convulsions, or there may be only one constant symptom, and that is fever, which might lead to a mistaken diagnosis of typhoid. In older children there is bed-wetting, constipation and

7. Am. Jour. Dis. Child, Vol. 10, No. 6, p. 437.

8. Jour. Am. Med. Assn., Vol. 69, No. 11, p. 898.

chills. However, chills are rare, and fever is not so marked as in the infant. During the day there is frequent emptying of the bladder. There may be a group of symptoms such as anemia, loss of weight, evening rise of temperature continued over a long period of time, which might lead to an erroneous diagnosis of tuberculosis. There may be a marked severity of onset with chills and high fever accompanied with convulsions. However, Fischer in his article on pyelitis in infancy and early childhood, in remarks on the urine in closing his discussion, said that he never saw rigors in the young infant, nor a distinct chill in pyelitis. In three out of five cases reported by Kerley, there were chills, and two of the three had distinct chills on different days before the diagnosis was made. Holt was of the opinion that chills were exceptional, but that they sometimes occurred with marked severity. With a blocked right ureter you may get identical symptoms to those of appendicitis until the urinary examination proves the trouble to be connected with the urinary tract. Two of my fifty cases had symptoms not unlike appendicitis.

The examination of the urine is characteristic. It always contains the colon bacilli in pure or mixed culture. It is turbid, and in a great percentage of cases is acid. It will contain albumin and pus. There may or may not be casts in the sediment depending on the portion of the urinary tract involved. In three of my cases I had large ureter casts, and the kidney tubules were involved in all three cases.

If we remember that the capacity of the infant's kidney is five times its requirements, and then consider its enormous reparative powers, it would seem plausible that a great many of the milder inflammatory kidney lesions are recovered from. H. B. Sheffield, however, reports two cases of true coli cystitis, 6 and 10 months, respectively, both infants dying, in which a postmortem revealed a purulent infection of the bladder, ureters and kidneys.

H. C. Carpenter of Philadelphia reports a very complete and interesting case of fatal anemia, secondary to pyelonephritis, in an infant 11 months old, and due to a true colon bacillus infection, warning us again of the importance of early examination of the urine of infants. Irvin S. Knoll of Chicago makes the statement that 90 per cent. of the cases of pyelitis during pregnancy probably owe their origin to infancy and early childhood.⁹

Kowitz gives details of forty cases, of which fifteen died. Langstein, on the other hand, considers that 90 per cent. recover. Kowitz again states that the actual mortality is rarely an insignificant one, and in certain localities may run as high as 37 per cent.⁹

TREATMENT

The treatment can be summed in a few words. Vaccines have been found useless, and urotropin dangerous. Salol has a few advocates. The alkaline treatment and copious water intake is conceded by all as good, but alkaline treatment or a guaiacol combined with plenty of water give better results. The guaiacol should be given in 2 to 5 drop doses in orange juice four times a day. Guaiacol will render the urine alkaline quicker than citrate of potassium. A constant alkaline urine will assist greatly in the cure. I have never found an infection of the urinary tract due to the coli family in which the urine was not acid to litmus.

Clark and Lubos have suggested that the hydrogen ion concentration of the cultures and urine be studied and compared, and the treatment given in whichever direction the reaction occurs. This range has been known to occur from 2 per cent. bacteriologic acidity to 2 per cent. bacteriologic alkalinity by artificial growth.⁹

CONCLUSIONS

1. Acute pyelocystitis is being overlooked in infancy because of the neglect of a *routine microscopical urinary examination in all cases.*

2. While the condition is more frequent in female children still there are many cases in males which have been overlooked.

3. The theory that acute pyelitis is always an ascending infection with the colon bacilli from the soiling of the vulva is losing its hold. The blood stream infection route is the more probable. We are justified in believing that there is some other cause in which either the kidney resistance is below par or that there are conditions in the body fluids that increase the virulence of the colon bacillus.

4. Acute pyelitis is probably never primary.

5. The disease as a rule responds promptly to the alkaline treatment, especially potassium citrate or guaiacol through rendering the urine alkaline. Urotropin and vaccines are most disappointing, and their use in young infants is to be questioned.

⁹ Am. Med. Jour., Vol. 68, No. 8, p. 589.

OCULAR TUBERCULOSIS *

L. D. BROSE, M.D., PH.D., F.A.C.S.
EVANSVILLE

Tuberculous disease of the eye occurs both as an intra-ocular and as an extra-ocular affection. In either case the eye disease may be primary or secondary and pursue an acute course or a slowly chronic one. Because the tubercle bacillus cannot always be found in the focal lesion, we will state our understanding of the histology of the latter to be a gray or yellowish-gray formation made up, according to Weichselbaum, of epithelioid cells, central giant cells and lymphoid cells, the product of stroma cellular reaction to the tubercle bacillus and its toxins. As the epithelioid cells increase they displace the stroma cells, creating a structure of reticular appearance, the so-called reticular tubercle. Later we find a preponderance of mononuclear cells derived from the adjacent blood vessels; or this may be an early occurrence. In either case such nodule is designated lymphoid tubercle. After a time, when the tuberculous disease has reached some size, it may undergo central caseous degeneration through cellular necrosis with resultant molecular detritus. Quite characteristic is the appearance of the giant cell when it, too, is included in the caseous degeneration. The necrosis in it is limited to the cell body, sparing the nuclei, which now assume a peripheral position in the cell. Near the first nodule other nodules may develop and through fusion give rise to the conglomerate tubercle. As a later process we may have inflammatory changes in the tissues around the tuberculous nodule and this may reach such intensity that we no longer are able to differentiate inflammatory infiltrate from tuberculous. The tuberculous ulcer is the product of extensive necrosis and tissue destruction in tuberculous disease situated on or near the surface. Calcareous degeneration is found in such focal lesions as develop a capsule and in this way spontaneous healing may occur. The cutaneous surface of the eyelids may be extensively destroyed through lupus, with secondary shrinking of the newly formed cicatricial tissue. While etiologically lupus is identical with tuberculosis, clinically it pursues a different course. The essential feature of skin lupus is the formation of small nodular infiltrations made up largely of granulation tissue with, at times, a mixture

of epithelioid cells and giant cells, in which tubercle bacilli are scanty. The nodules soon break down, giving rise to superficial ulcers along the periphery of which the rete mucosa may send cone-like prolongations into the deeper skin layer. The lupus ulcer undergoes spontaneous healing, with cicatrization in one place, while it creeps over the surface in another direction. In the child you find the scrofuloderma, a chalazion-like nodule developing in the subcutaneous tissue, with a tendency to perforate the skin side of the lid. Skin infection also occurs secondarily after chronic tuberculous dacryo-cystitis and conjunctivitis. So long as the epithelial covering is unbroken one need not fear infection; after a time, however, constant epiphora leads to erosion of the lower lid and this opens up a pathway for the entrance of the tubercle bacillus. In the conjunctiva we meet with three varieties of tuberculosis: (a) An acute miliary form, which seems to be favored in development through injury, and involves by choice the tarsal covering. Its course is rapid, with early involvement of the preauricular glands; (b) an ulcerative form usually chronic in its course, with slowly spreading tendency and the following clinical appearances: A dirty, yellowish red ulceration, covered by a yellowish white coating, with here and there islets of granulation tissue, and with irregular and indistinct margins, along which may be found yellowish gray tuberculous nodules; (c) in the third form the conjunctiva is diffusely swollen, with follicular enlargement and lymphoid proliferation, forming sometimes a pedicled granuloma. One eye is usually alone diseased, and while there is swelling of the lids, increased secretion and maybe sight failure because of corneal involvement, the patient complains of but little pain. Phlyctenular conjunctivitis is considered by some ophthalmologists as another form of tuberculous infection on the ground that the tubercle bacillus has been occasionally detected in the lesion and to the tuberculin test occasionally one gets a focal reaction. With this I am not in agreement. Histologically, the phlyctenula does not conform with what we recognize as tuberculous tissue, neither does it meet the requirements of the experimental test, namely, when a particle of tuberculous tissue, free from pus organisms, is inoculated into the anterior chamber of the rabbit's eye, tuberculous iritis should follow as the rule, not as the exception. Furthermore, if the statements of Nageli and Burckhardt are true, that practically the whole of mankind has tuberculosis in some form

* Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

and that all children are so infected before the age of 12 to 15 years, one need not wonder at occasionally finding the tubercle bacillus as a secondary infection in conjunctival phlyctenulosis. Tuberculous infection of the conjunctiva occurs in various ways. Those afflicted with pulmonary or tonsillar tuberculosis may infect the eye with sputum bearing tubercle bacilli either through rubbing the eyelids with infected handkerchief or contaminated fingers. The same may happen if he be the subject of lupus infection in any part of the body. By way of the pharynx, nose and lachrymal sac the infection may be propagated by continuity to the eye. Foreign bodies bearing tubercle bacilli by getting into the eye and producing superficial lesion of the conjunctiva render infection possible. In support of tuberculous conjunctivitis originating in this way, Fuchs cites the fact that such ulceration is so frequently seen beginning in the sulcus subtarsalis, the shallow groove just within the lid margin, where small bodies so frequently lodge. It is my belief, so long as the normal conjunctival covering remains intact, infection from without does not take place. Haematogenous metastatic infection is to be thought of when both eyes are diseased and the lesion is miliary in character. As in tuberculosis elsewhere, it is the young who are oftenest victims of this kind of eye disease, and when, after months of treatment, improvement and at times apparent cure has been brought about, the disease displays a tendency to recur and through infection of the lungs or other organ finally causes the patient's death. The prognosis of conjunctival tuberculosis as regards the eye itself is grave, since the ulceration may perforate the lid, give rise to extensive symblepharon, involve the cornea and destroy the eyeball. Tuberculosis of the lachrymal sac is nearly always secondary to similar disease in the conjunctiva, nasal passages or ethmoidal cells. Its symptomatology is epiphora muco purulent evacuation upon external pressure over the sac and lachrymal fistula. The lachrymal gland is much more rarely affected. It may become so through extension from orbital tuberculous periostitis or otitis. The bony orbital rim, because of exposure to injury, appears given to tuberculous infection traumatic in origin. The lachrymal bone and the adjacent ethmoidal cells are exposed to secondary infection through fistulous channels connected with diseased lachrymal sac.

TREATMENT

Conjunctival ulcers should be curetted, cauterized and dusted with iodoform. You may promote healing of tarsal and lid ulcers by means of the sun's rays, focussing the same for a few moments every three or four days on the ulcerated surface. The follicular type with lymphoid proliferation may be exposed to freezing momentarily with carbon dioxide snow. Tuberculous bone disease should be resected and a diseased lachrymal sac extirpated, along with the fistula, if one be found. The cornea may present several types of invasion from a diseased conjunctiva: (a) A pannus type with raised nodular formations scattered over the vascularized surface; (b) a chronic ulcerative type with proliferating marginal granulations. Scleritis, kerato-scleritis and epi-scleritis have in recent years been more and more connected with tubercular infection, especially when nodular formations are seen. It has been my experience to meet with it oftener than the other external tuberculous eye infections. My cases have run a chronic course and as a rule become bilateral sooner or later. With each exacerbation the sight becomes more and more impaired, but the longevity of the individual is not shortened, chiefly because this form of chronic ocular tuberculosis is seldom found in those with well marked clinical manifestations of systemic tuberculosis. Tuberculous disease of the iris and ciliary body is frequently induced in the rabbit for diagnostic purposes. A small particle of suspected tissue, uncontaminated with other germs so far as possible, is inserted into the anterior chamber of the animal's eye. Within a week the particle usually disappears and the eye seemingly remains healthy until the lapse of the incubation period, some three or four weeks, when tuberculous infection of the iris follows. If the tissue inserted was nontuberculous, iritis does not occur. As a rule, tuberculous iritis in man is a secondary disease and presents at least three types: (a) Small disseminated multiple grayish yellow nodular formations, varying in size from a small speck to a pin head. These nodules may disappear and reform, especially in the outer two thirds of the iris tissue. Clinically, it runs a chronic course and punctate deposits may be seen in the cornea; (b) a diffuse general thickening of the iris without nodular formation, but more the appearance of granulation tissue, associated with extensive pupillary adhesions; (c) the conglomerate solitary tubercle which, in contrast with the other types, remains as a rule a unilateral affection. In

appearance and growth it may strongly resemble a neoplasm, and because of this Virchow called it granuloma. Active symptoms of iritis may be wholly wanting and the tubercle continue to grow until necrosis follows with perforation of the eyeball. Of the intra-ocular tuberculous infections those involving the choroid are most frequent. They occur in all stages of systemic tuberculosis and many cases of choroiditis that were formerly attributed to syphilis are seen in association with general systemic miliary tuberculosis, as ill defined patches, five to twenty in number, of yellowish or pale red color, always in the neighborhood of the optic nerve entrance. These patches may in a few days rapidly enlarge, approximating the size one third of a disc. It is by their rapid growth and absence of pigment proliferation one differentiates them from other kinds of choroiditis. As in the iris, so in the choroid, the conglomerate tubercle is easily mistaken for a neoplasm. The presence of other smaller nodules near the growth is useful in establishing its true nature. The solitary tubercle is of infrequent occurrence, runs a more or less chronic course, and while one finds usually evidences of tuberculosis elsewhere in the body, yet it does occur without such lesion being discovered. A type of choroidal tuberculosis is sometimes seen in the child, to which the name pseudo glioma has been given, because of the clinical resemblance to true glioma. The pseudo glioma usually shows lessened intra-ocular tension and reduction in size of the eyeball, the reverse of which is true in true glioma. Retinitis, like choroiditis, is oftener due to tuberculosis than was formerly believed. Axenfeld and Stock have shown that recurrent retinal and vitreous hemorrhages in the young may be the result of tuberculous disease of the retinal veins. A few cases of tuberculous optic neuritis and granuloma of the optic nerve have been reported. The diagnosis of ocular tuberculosis rests on macroscopical appearances, histological examination, experimental test and biological reaction. Macroscopical appearances cannot be relied on for the reason one sees so many atypical forms of the disease in the eye. Histological examination is feasible when the disease involves the eyelids, conjunctiva, lachrymal sac and episclera, but when the lesion is an intra-ocular one or confined to the cornea this test is not available. For the experimental test we must procure a particle of the suspected tuberculous tissue, freed from pus-forming germs, and insert the same either into the anterior chamber of the rabbit's eye or within the ab-

dominal cavity of the guinea-pig. Lastly, there remains the biological test as the one oftenest available. This can be made either by dropping tuberculin into the eye, by tuberculin vaccination after scarification of the skin or by injecting tuberculin under or into the skin. For this purpose you may employ the old tuberculin of Koch, or his new tuberculin, or the bacillus emulsion. The reactions looked for are general, local and focal. The general reaction consists of temperature elevation, feeling of indisposition, with maybe headache, sick stomach and skin eruptions. The local reaction is that of the formation of a nodule or infiltrate at the site of vaccination or injection, with at times, enlargement of the neighboring lymphatic glands. The focal reaction is that of increased inflammatory action in the tuberculous lesion. The cause and nature of the tuberculin reaction, no matter which preparation is used, remains the same, the difference being solely one of degree. The most plausible theory is that we bring about a toxemia, the body cells resist the toxic substances (specific toxins) of the tubercle bacillus by forming antibodies, and these serve as a protective measure against further invasion of the germs. Of late many ophthalmologists have discontinued the Calmette method on the ground that it should not be used when it is known that the eye is the seat of tuberculous disease and because such affections are frequently atypical, the eye may undergo permanent injury. My preference is for the old tuberculin of Koch (T.O.) or the bacillus emulsion (T.E.) by vaccination, and should there remain a doubt as to the diagnosis, then resort to subcutaneous injections of small doses of the original tuberculin. As a precautionary measure one should have the temperature of the patient taken three times daily for two or three days prior to using the biological test. The younger the child the greater the value one attaches to positive reaction. Latent tuberculous infection rapidly increases with the age of the individual, so that after the twentieth birthday 90 per cent. of mankind may be so infected. Response to the biological test may fail at all ages under the following conditions: (a) In acute and virulent tuberculous disease; (b) in the last stages of general tuberculosis; (c) during the period of incubation of the disease, three to four weeks (d) during infectious diseases; (e) after immunity has been established by a course of tuberculin treatment; (f) finally, there are cases of tuberculosis that do not react to the biological test at any time and for which we are unable

to give an acceptable explanation. It is thought the acute infections that fail to react to tuberculin do so because the patient's body cells are unable to create sufficient antibodies. These cases are not suitable for tuberculin treatment.

IMMUNITY

This can be established in man only in a relative sense, not a positive one, as for example, vaccination against smallpox. The most we can do is to bring about an increased resistance to infection, but this immunity is not absolute and has no definite duration.

Therapeutic indications and use of tuberculin: I shall not mention the various biologic products on the market; they are all meritorious, especially those made after the old tuberculin of Koch. The advantage claimed for the new tuberculin in treatment is that it contains the soluble and the insoluble toxins. It is thought that the soluble toxins possess the greater power to stimulate the tissue cells in the production of antibodies, and hence are more valuable as immunizing agents, while the insoluble toxins are the better antibacterial agents. Von Ruck thinks it is not so much the antigen that is of first importance; they are all good enough, if the dosage and proper regulation of interval between dosage is adopted for the individual case. We have the power to increase or reduce the sensitiveness of the individual for tuberculin. No matter which method one pursues, we should observe the patient carefully, note his general condition, how he reacts, and regulate the size of the dose and frequency of administration as seems best suitable to the patient, and if he does not do well, discontinue the treatment. Von Hippel's technique is worthy of mention, since it is the one followed by many prominent oculists. You begin with a small dose, not over $\frac{1}{500}$ m. gram. of either the T.R. or B.E. and increase $\frac{1}{500}$ m. gram. per dose every third day, providing no general reaction has occurred. As the patient improves you lessen the dose frequency. A second one is not to be administered if there has been reaction to the last until the temperature has returned to normal and so remained at least forty-eight hours. You should so strive to regulate the dosage that the effect on the patient is just short of the general reaction and the maximum dose should not exceed one miligram. Ophthalmology, with internal medicine, has had its disappointments with tuberculin as a curative agent. Well do I recall during my stay in Berlin during

and after the meeting of the International Medical Congress, in 1890, when Koch announced his discovery of tuberculin, with what eagerness we all daily followed the tuberculosis cases treated by the remedy. It is now established that tuberculin cannot prevent the occurrence of tuberculous disease in the sound eye after the diseased one has for weeks been under treatment by it and decided benefit has followed. The curative and immunizing effects of this agent, at least so far as applies to the eye, is a limited one in most patients. That its use in many instances is beneficial I admit, but at the same time one must not overlook that such improvement often occurs spontaneously, especially where the patient is given the advantage of improved personal hygienic conditions.

CONCLUSIONS

It is proper to administer tuberculin as an antigen, but one must not expect the production of antibodies with equivalent immunizing value such as occurs with typhoid fever serum.

Tuberculin is far more valuable as a diagnostic agent than as a curative one.

The Calmette method of using it is not without danger of permanent injury to the diseased eye, and for that reason either the vaccination method or the subcutaneous method should be used instead.

The United States Public Health Service has just issued a pamphlet entitled "The Care of the Baby," which will be furnished to any persons at 5 cents per copy. The pamphlet has been prepared by a Committee of the American Association for the Study and Prevention of Infant Mortality, and having been approved by the Public Health Service, is now published as a Government document, procurable from the Superintendent of Documents, Government Printing Office, Washington. The pamphlet contains a great many valuable suggestions concerning health problems, and in view of the fact that doctors are trying to spread trustworthy information concerning many health problems we suggest that it is a good plan for each and every Indiana doctor to recommend mothers with growing children to procure a copy of the pamphlet to which attention has been called. It wouldn't be a bad idea for the doctor to present a copy of the pamphlet to those families where there is a woful lack of intelligence concerning the most important truths relative to disease prevention.

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EDITORIALS**LUES IN THE NEW-BORN**

The recognition of lues in the new-born is of the utmost importance in view of the existence of the disease in parents, and the difficulties attending the obtaining of knowledge of the existence of the disease in those parents who do not admit having had it and offer neither symptoms of the disease nor an opportunity for determining the presence of it. Thus, in the study of over 350 cases of lues in new-born infants DeBuis states that in only 13 per cent. could he obtain an admission on the part of the parents of the existence of the disease, and for that reason it becomes essential to note and interpret objective symptoms.

Of the features that must be taken into consideration, the following may be mentioned:

Is the child full term or premature, and does the mother give a history of miscarriages?

What is the state of the development of the child? Has it much hair? Are the fontanelles abnormally large, and are the sutures unusually opened?

Is there a cold in the head, or a noise when breathing? Snuffles in the new-born child and difficulty in nursing owing to the impaired breathing, has long been recognized as a manifestation of lues.

Are there any fissures?

Is the spleen palpable, and is the liver enlarged?

Are there skin eruptions? Scaling palms and soles? Bone and eye lesions? All of these may be present early or appear later.

These symptoms may or may not be syphilitic, but at least are suspicious, and it is quite possible that the Wassermann and luetin tests may throw light on the subject. It is, however, incumbent upon the attending physician to determine the possible presence of lues in the new-born in order to secure that health and development that can occur through the effects of appropriate treatment. The earlier the diagnosis is made the better chance has the patient

from the effects of prompt and proper treatment.

DeLee states that as soon as it is ascertained that a woman known to be or to have been luetic becomes pregnant, treatment should be instituted at once, combining salvarsan or neo-salvarsan with mercury and iodides. When the baby is born it should be determined as soon as possible whether it is luetic, by clinical and laboratory evidences, repeatedly employing both the Wassermann and luetin tests. A negative Wassermann should not be considered as conclusive, but subsequent tests may, and in the event that the clinical evidences seem to point to the presence of lues, irrespective of the Wassermann findings, the child should be given anti-luetic treatment, including salvarsan or neo-salvarsan supplemented by mercurials.

Opinions differ as to the kind of medication to be employed. Some clinicians give by mouth small doses of bichlorid of mercury; others prefer mercury with chalk; and still others give calomel. Perhaps the most effective treatment is that by mercurial inunctions, either in the form of the ordinary officinal mercurial ointment, or the calomel ointment. Mercury treatment must be discontinued when the baby shows signs of overaction of the treatment, though after such symptoms subside the treatment is begun again. Negative Wassermanns have been considered an indication for stopping the treatment, and yet with the possibility of securing a negative Wassermann in the presence of active lues, the tests should be repeated; and many observers feel that the old-time method of keeping up the mercurial treatment over a period of months is the plan that should be followed, irrespective of negative Wassermann tests.

In giving inunctions care must be observed to avoid skin irritation. Thus the ointment may be applied to a different part of the anatomy each night for seven or eight consecutive nights, the process to be repeated as often as desired. The point of importance is to bathe the skin with soap and water, and then dry it thoroughly before rubbing in the ointment. DeBuis' practice is to apply the ointment over the belly, rubbing it in thoroughly, and then a flannel binder is adjusted. The ointment is rubbed over the belly daily, the same binder being adjusted for a period of a week, when a new binder is substituted and the dose of the mercurial is increased. The inunctions are not stopped until the point of tolerance has been reached. Salvarsan or neosalvarsan may be added to the treatment, and should be given

intravenously. There are, however, a great many clinicians who are quite willing to depend upon mercury treatment alone, given over a prolonged period, for accomplishing the desired results.

It has been the observation of numerous clinicians that, when properly treated, syphilis in the new-born in practically all instances does away with the possibility of the later manifestations, such as interstitial keratitis, bone deformities, abnormalities of the glandular tissues and internal organs so commonly seen as evidences of congenital lues.

The most important feature to be considered is the early recognition of the disease; and to that end physicians must be on the lookout for those manifestations in the new-born which rather conclusively point to the existence of the disease.

BOTULINUS POISONING, OR BOTULISM

In this country there is not very much known as yet about a type of food poisoning known as botulism. The number of epidemics which have been recognized as definitely due to botulinus poisoning are very few indeed. In other countries—Germany in particular—such epidemics are by no means infrequent. The use of sausage by the Germans as a very popular article of diet—before the war—is held responsible for the more frequent occurrence of these epidemics in Germany. But it is more than probable that outbreaks of this form of poisoning occur in this country not so rarely as is generally believed.

The occurrence very recently of an outbreak of botulinus in our own state has served to arouse at least a statewide interest in that disease. Half a dozen or more persons became ill after having partaken of a meal in a hotel in Decatur. All of those who became ill had eaten beef among other things, whereas none of those who had eaten fish instead of meat became ill. Vomiting was the main symptom at the onset of the trouble. Very soon there occurred a paralysis of the muscles of swallowing, causing inability to swallow; paralysis of the muscles concerned in the speech mechanism, causing inability to speak; paralysis of some of the oculomotor nerve fibers, causing bilateral ptosis and mydriasis. Obstinate constipation was the rule, indicating a paretic condition of the gastrointestinal tract. Up to the time of writing, four cases have terminated fatally. Thus the mor-

tality has been comparatively high. Consciousness was retained in the fatal cases till the end. Postmortem findings in two of the fatal cases revealed no distinctly characteristic changes, only those indicative of the action of some toxic substance on the internal viscera. These pathologic changes, while not absolutely characteristic, are similar to those found in the viscera of animals that die from the effects of the botulinus germ or its toxin.

The disease is carried by a germ, the bacillus botulinus. The characters and properties of this germ are very well known. It is quite widely distributed in nature. It not infrequently infects the feed of animals, causing outbreaks of this form of poisoning among them. Because of the economic importance of this fact some interest has been devoted to the problem of the prevention of this disease among animals. From the experimental work on animals carried out with this idea in view a good deal of valuable information has been obtained, and what is even more important a specific antitoxic serum has been obtained.

Botulism can be caused by either the germ or its toxin. The virus produced by this germ is evidently of the kind known as filtrable virus. The period of incubation may be very brief—only a few hours—or it may be as long as twelve days. There is much similarity between the nature and action of this germ and the germ causing tetanus. They are both spore-forming bacilli, anaerobes, they produce soluble toxins, and these toxins seem to have a striking affinity for nervous structures. They infect both animals and man, and specific antisera have been obtained against both.

More attention will have to be paid to botulinus poisoning in man. Practitioners will have to be warned to be on their guard for this disease, and they will have to learn to recognize it early when they meet it. The early diagnosis of this condition is, of course, extremely difficult. It is only when the typical symptoms of paralysis have set in that the nature of this form of poisoning becomes apparent. However, if some of the suspected food which has been eaten can be examined at once it may be possible to determine the etiologic agent very promptly. A variety of food articles may harbor the germ or its toxin. Among these are meat, sausage, cheese, canned fruits and vegetables. Were the food thoroughly cooked it would become innocuous; only when it is improperly prepared does it become infective.

The specific therapeutic serum for botulinus poisoning has been derived from horses by Prof. Graham of the University of Illinois in just the same manner that our other specific sera are obtained. Hitherto it had been used in this country in animals only, but in the Decatur outbreak the serum was administered to at least two of the patients. This was said to have been the first time that antitoxin serum has been given to a human being in this country. There ought to be a supply of this serum easily and readily available to the profession in every part of the country, and this serum ought to be prepared in such manner that it may be administered subcutaneously, intravenously, and intraspinaly, just like tetanus antitoxin. If private biologic organizations do not succeed in providing such a serum our Federal Public Health Service ought to take up the matter and bring it to a successful conclusion.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

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We want THE JOURNAL to serve YOU.

FROM newspaper reports we learn that lawyers very generally have raised their fees from 25 to 100 per cent. This is in keeping with the changed conditions, and follows the lead of those engaged in almost all other occupations. However, we hear of very few medical men who have attempted to raise their fees to correspond with the changed conditions. Isn't it about time for the medical profession to join the procession?

ARE you delinquent in the payment of your medical society dues? If so, you need not be surprised if you receive notice to the effect that you no longer are a member in good standing of the Indiana State Medical Association, and if this is the last number of THE JOURNAL that you receive. Also, it is well to remember that

when you are delinquent in the payment of your dues you are not protected by the Medical Defense feature of our Association.

THERE has been some doubt in the minds of doctors as to whether the provisions of the new Food Control law regarding the use of alcohol covered purchases made before this law went into effect. In response to an inquiry made by the executive secretary, Peter J. Krueger, Collector of Internal Revenue for the Sixth District at Indianapolis, has ruled that doctors will not be compelled to obtain a permit to use alcohol manufactured prior to September 9, 1917.

OF all the idiotic and nonsensical legislation that ever was inflicted upon a long-suffering public, the clause in the Food Control Law which requires a bond from every person before making a purchase of even a few ounces of alcohol is a striking example! No objection is raised to penalties, no matter how heavy, for abuse of any privilege, but why make the privilege so hard to obtain and so expensive? It would seem that the bonding companies, who are profiting by this iniquitous legislation, have joined hands with the fanatical faction of the temperance forces in framing the law.

THE cases of botulism occurring in Adams county, with several deaths, are proving interesting to medical men and government officers who are investigating the matter. It is possible that botulism is not quite as rare as generally supposed, and it may be that some of the numerous cases called ptomaine poisoning, sometimes ending fatally, were in reality cases of botulism. Fortunately these cases in Adams county were seen early in the onset of symptoms by well trained medical men and government experts, and it is expected that a study of the cases, autopsy findings, and laboratory experiments that are now being conducted in connection with the cases will throw much light on a supposedly rare and serious malady.

Two bills have been introduced in Congress which, if passed, will provide advanced rank for medical officers in the Army. At present major is the highest office in the Medical Reserve Corps, but the bills now in Congress provide for ranks of lieutenant colonel, colonel, brigadier general and major general. The importance of creating an advanced standing for physicians serving in the Army has been realized by the medical profession as absolutely necessary for the highest efficiency of the Army

in order to give the soldiers the benefit of medical experience and knowledge through power to enforce recommendations. Advance rank carries with it power. It is hoped that members of the medical profession will urge their senators and representatives in Congress to support the bills in question.

UNDER the department devoted to Society Proceedings in this number of *THE JOURNAL* is published this year's program of the Jasper-Newton County Medical Society. In a letter accompanying this program the secretary, Dr. O. E. Glick of Kentland, has the following to say regarding the activity of the society:

"We have a good, active society of eighteen members. The members being scattered over two counties, it of course requires considerable effort for them to get together once a month, and yet during the past year we have had an average attendance of about eleven. At about one-half of our meetings during the past year we have had outside men—from Chicago, Indianapolis and Lafayette—on the program.

"Our society is to the man back of and in full sympathy with the State Association."

Not many county societies can boast a better record.

"THE cry that there are not now enough doctors in this country to care for the civil population will soon be stifled by a supply. The medical department of the army is dismissing on an average of fifty doctors a day as unfit. Unfit to treat soldiers but perfectly qualified to treat women and little children! Where else, save in glorious America, would an absurdity so delicious be presented?"—*Fort Wayne Daily News*, Feb. 27, 1918.

True, and only too true! The fault lies with those who suffer most—the American people. The regular medical profession long has aimed to establish a standard of fitness for the practice of medicine, well realizing that he who attempts to care for the sick should have a good general education, supplemented by medical education and training embracing all that pertains to the art and science of medical practice. But along come the members of some pseudomedical cult, poorly educated and with little or no medical training, and their story that it is unnecessary to spend so much time, effort and money in procuring a knowledge necessary to practice the healing art is believed by our half baked legislators and forthwith the legislature makes it easy for such men to secure the legal privilege to practice upon the sick and suffering. Along comes Uncle Sam with a demand for well trained medical men, and with a standard of requirements which mean competency when they are met, and the members of the pseudomedical cults and even the poorly trained members of the regular medical profes-

sion are unable to meet the requirements. With a dull, sickening thud these medical pretenders are sent back home to practice upon those who have been quite willing to legalize the efforts of incompetents to relieve suffering humanity. Uncle Sam demands educated and well trained medical men. The public should demand no less, and the public will have no less when it ceases to place a premium upon ignorance and appreciates the absolute necessity of establishing a standard of educational requirements that is in keeping with the very reasonable demands of Uncle Sam in the selection of medical officers for the regular army.

ONE of the most advanced steps in the history of public health legislation was taken by the City Council of Indianapolis, upon urgent representation by the Indianapolis Board of Health, in the passage of a compulsory vaccination ordinance. So far as known, no other city or no state has ever taken such action, although repeated attempts have met with failure. The ordinance was signed by Mayor Charles W. Jewett and became effective Monday, March 4. The ordinance was passed by a vote of six to three after a determined fight had been made on it and after a number of public hearings had been held at which the proposed ordinance was bitterly attacked. The leaders of the opposition were E. V. Fitzpatrick, the paid attorney of the chiropractors, and Robert I. Marsh, representing the Christian Scientists. The compulsory vaccination ordinance provides that whenever there is an epidemic, or whenever an epidemic of said disease is threatened, after publication of such fact in a daily paper of the city of Indianapolis, each and every inhabitant of the city (of and over the age of six years) who has not had the disease or been successfully vaccinated against same, shall submit to vaccination, either by the City Board of Health or by a regular licensed physician. In view of the fact that such an emergency existed at the time of the passage of the ordinance, the same was put into full force and effect at once; but a few days afterward, Judge Ewbank of the Marion Circuit Court enjoined the Board of Public Health and Charities of the city of Indianapolis, Dr. G. B. Jackson, Dr. Thomas B. Eastman, Dr. Robert O. McAlexander, Dr. Willis D. Gatch, and Dr. Herman G. Morgan, from excluding a pupil from school for refusing to be vaccinated on order of the Board of Health. It is understood that the Board of Health will carry this case to the Supreme Court.

DEATHS

M. EVA PECK, M.D., aged 64 years, died January 29 at her home in Goshen.

SARAH FARR, wife of Dr. W. H. Farr of Paragon, died January 22, aged 70 years.

J. M. WHITEHEAD, M.D., aged 86 years, died February 8 at his home in North Vernon.

WILLIAMS F. MILLS, M.D., formerly of South Bend, died February 16 at Worcester, Mass.

NORA KENDALL, wife of Dr. Perry A. Kendall of Crothersville, died February 1, from tuberculosis.

LURTON D. DILLMAN, M.D., of Connersville, died January 31 at the Fayette Sanitarium, aged 67 years.

WILLIAM T. IRVINE, M.D., retired physician of Jonesville, died February 5, from blood poisoning; aged 59 years.

PETER L. SCHUYLER, M.D., formerly of Evansville, but one year ago removed to California, died recently at Glendale, Calif., aged 87 years.

CARL FLUCKS, M.D., formerly of St. Wendels, Ind., died February 5, of pneumonia, at the home of his daughter in Perry, Ark., aged 70 years.

GEORGE W. BURNS, M.D., West Lafayette, died February 12, aged 95 years. Dr. Burns graduated from University of Michigan Medical School in 1856, and engaged continuously in the practice of medicine until two years ago.

OSCAR W. EDMONDS, M.D., of Frankfort, died February 17 at the family home from complications following an illness with pneumonia one year ago. He was 57 years old, and graduated from the Starling Medical College in Columbus in 1886.

EDWIN R. DEAN, M.D., South Bend, died February 5, aged 52 years. Dr. Dean was graduated from the Jefferson Medical College of Pennsylvania in 1890. He was a member of the St. Joseph County Medical Society and the Indiana State Medical Association.

HOMER S. JEFFREY, M.D., of Upland, died February 14 at the Marion Hospital, aged 46 years. He graduated from the Kentucky School of Medicine, Louisville, in 1894, and had practiced medicine at Upland for twenty years. He was a member of the Grant County Medical Society and the Indiana State Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

INDIANAPOLIS

DR. JEWETT V. REED of the Navy was ordered to report for duty at New York on Monday, March 4.

THE Board of Trustees of the Indianapolis Methodist Hospital has adopted the recommendation of its committee to purchase the property of the Hope Hospital of Ft. Wayne.

THE Medical Advisory Board are still being swamped with cases referred by the various conscription boards, in some instances working long after midnight. One of the Indianapolis boards handled 106 cases on one Saturday night.

DR. CHARLES P. EMERSON read a paper on "Recent Advances in Diagnosis" before the Cass County Medical Society which met at Logansport Thursday, March 7. From there he went to Detroit and Toronto, Canada, returning the following Monday.

THE Indianapolis Medical Society has received telegrams from Senator Watson and Representative Moores promising their support for the Owen bill, creating an advanced rank for medical men. At the meeting of the society on Tuesday, February 26, Dr. Goethe Link discussed "Preliminary Thyroid Operations" and Dr. W. F. Baker drew comparisons between the hypodermic and acupuncture methods of smallpox vaccination.

A HIGH tribute was paid to the doctors in the United States Medical Reserve, especially those stationed at Camp Shelby, Miss., by the Rev. George D. Booth, Camp General Secretary of

the Y. M. C. A., who made two addresses at Indianapolis on "Activities of Army Life." He entered a categorical denial of the report that illness at the camp was widespread. He presented figures showing the amount of illness in camp on February 22 as follows: of the 26,000 men in the camp, 1,400 answered sick call, out of which number a small proportion was listed as seriously ill; there were 29 cases of measles, 321 of mumps, 63 of pneumonia, and 108 cases of venereal disease. Ten cases of meningitis were reported but only a few cases of spinal meningitis ever have occurred. There were thirteen deaths in the camp in January and ten cases up to February 22.

DR. ALFRED HENRY was reelected president of the Marion County Society for Prevention of Tuberculosis at the fifth annual meeting, attended by delegates from Indianapolis philanthropic organizations, ministers and physicians. Dr. W. F. King, assistant secretary of the State Board of Health, outlined the activities of the society for the year and Dr. H. S. Hatch read a report of the Sunnyside Sanitarium. A report of the special open-air school on the Technical High School grounds showed an average gain in weight of nearly $7\frac{1}{2}$ pounds for each pupil last year. Dr. David Ross was a member of the nominating committee. Among the nine township vice-presidents elected were Dr. C. J. Kneer, Oaklandon, Lawrence township; Dr. G. H. McCaskey, West Newton, Decatur township; Dr. Charles J. McIntyre, Indianapolis, Washington township; Dr. E. M. Amos, Indianapolis, Center township; Dr. Arthur L. Barnes, Southport, Perry township; Dr. E. O. Asher, New Augusta, Pike township, and Dr. J. A. Swails, Acton, Franklin township.

GENERAL

THE Post Office Department has advertised for bids for five aeroplanes to carry U. S. mail.

DR. F. N. WILLIAMS of Tell City has been commissioned as first lieutenant in the M. R. C.

DR. A. A. WATTS of Gary, first lieutenant in the M. R. C., has been ordered to Fort Thomas.

DR. M. B. CATLETT of Fort Wayne has received his commission as first lieutenant in the M. R. C.

DR. E. B. LOUDIN, formerly of Hazleton, has removed to Bicknell for the practice of his profession.

DR. OTTO R. SPIGLER of Terre Haute is spending several months in Florida to rest and recuperate.

DR. GEORGE W. KIRBY of Goshen has received his commission as captain in the Medical Reserve Corps.

DR. NORMAN HOWARD of Warsaw has been commissioned captain in the Medical Officers Reserve Corps.

DR. DAVID COHEN, Jeffersonville, has received his commission as captain in the Medical Reserve Corps.

DR. GEORGE M. MORRIS, formerly of Headlee, has located at Burnettsville for the practice of medicine.

THE House of Delegates of the Rhode Island Medical Society has voted that the dues for 1918 shall be \$10.

DR. HUGH M. MILLER of South Bend has received his commission as captain in the Medical Reserve Corps.

DR. W. L. SCOTT of Hartford City has been taken to the Mayo Hospital, Rochester, Minn., for a surgical operation.

DR. FLAVIUS J. BECK of Hartsville has been commissioned captain in the Medical Reserve Corps of the U. S. Army.

DR. CLYDE C. BITLER of Newcastle has been ordered to report for duty at once in the Medical Officers Reserve Corps.

DR. EVERETT H. PEA of Vincennes has received notice of his commission as first lieutenant in the Medical Reserve Corps.

DR. GILBERT HOPPES, formerly of Mechanicsburg, has removed to Anderson, where he will specialize in diseases of children.

DR. ALFRED HENRY of Indianapolis has been re-elected president of the Marion County Society for Prevention of Tuberculosis.

DR. J. E. ROGERS, formerly of Portsmouth, Ohio, but recently removed to a farm near Rochester, has opened offices in Rochester.

DR. FLAVIUS J. BECK of Hartsville has been ordered to report for duty at Camp Oglethorpe, Ga. He holds the commission of captain.

DR. K. C. FITZGERALD of New Harmony, stationed at Fort Oglethorpe, Ga., has been promoted from the rank of first lieutenant to captain.

DR. LEWIS C. CLINE of Indianapolis is spending the winter months in California. His practice has been left in charge of Dr. Carl B. Sputh.

DR. H. C. DAVISSON of Hartford City, who received an injured shoulder through a fall early in February, has gone to Martinsville for treatments.

REPORT has been received of the serious illness of Dr. Dean Metcalf of Fort Wayne, now located at Camp Grant, Rockford, Ill., in military service.

COMMITTEES have been appointed and an effort is being made for the establishment of a tri-city hospital for Whiting, East Chicago and Indiana Harbor.

DR. HAVEN EMERSON has been succeeded as Commissioner of Health for the city of New York by Dr. J. Lewis Amster, whose salary is to be \$7,500 per year.

It is reported that a new federal army hospital is to be located at Muncie, Indiana. The report comes from Major Edgar King of the Surgeon-General's office.

DR. BONNELL W. RHAMY of Fort Wayne has received his commission as captain in the Medical Reserve Corps. As yet he has not been called to report for duty.

DR. T. W. KELSEY, formerly of Attica, Ind., has located in Spokane, Wash., opening offices in the Paulsen Building. His practice is limited to eye, ear, nose and throat.

DR. M. M. CLAPPER, M. R. C., of Lafayette, who has been in a base hospital at Camp Travis, Texas, expects to sail for France very shortly, and even now may be on the way.

DR. MAX A. BAHR of Indianapolis, clinical psychiatrist at the Central Indiana Hospital for Insane, addressed the February meeting of the Tippecanoe County Medical Society.

DR. LUKE H. KELLY of Hammond, who recently underwent two serious operations at a Chicago hospital, is making a splendid recovery and is giving some time to his office.

DR. S. GILBERT JUMP of Selma has been commissioned as captain in the Medical Reserve Corps, and has sent his resignation as member of the Conscription Board to Governor Goodrich.

DR. O. E. DALE of Alquina, near Connersville, has returned home from the Methodist Hospital in Indianapolis, where he underwent a surgical operation. He is very greatly improved.

DR. SEWELL COULSON, formerly of Indianapolis, who has been stationed at Fort Oglethorpe, Ga., has been transferred to Camp Severe, S. C. His wife and baby have joined him there.

DR. C. C. TERRY of South Bend has resigned as a member of the national army district appeal board for the First Indiana District, and has been succeeded by Dr. F. P. Eastman of South Bend.

THE Clay County Medical Society announce election of the following officers for the coming year: President, Dr. John D. Sourwine, Brazil; secretary-treasurer, Dr. Harry M. Pell, Brazil.

WORD has been received from Dr. C. F. Cronk, formerly of Monticello, but for the past few years located at Anthony, Kan., that he is now in military service, with the rank of captain.

DR. A. F. HUDDLESTON of Winchester has been appointed county physician for Randolph county to fill the vacancy created by the enlistment of Dr. J. S. Robinson in the Medical Reserve Corps.

THE Vanderburgh County Medical Society at its February meeting appointed a committee to go before the city council petitioning the establishment and maintenance of a city laboratory in Evansville.

DR. ARCH BROWN of Rochester has been appointed physician for the county farm, Fulton county, to fill the vacancy left by the resignation of Dr. C. J. Loring, who has been appointed county health commissioner.

WORD has been received of the promotion to a captaincy of Dr. Morris Wolff of Muncie. Dr. Wolff enlisted in the M. R. C. early last year, and is now stationed at Panga, Philippine Islands, sixty miles from Camp Stotsenburg.

THE Dugan-Johnson Company, Indianapolis, announce that after April 1, 1918, their location will be changed from 206 North Meridian Street to 29 West Ohio Street, where they will carry a full line of surgeons' and hospital supplies.

THE town of Sharpsville, Tipton county, is greatly in need of a physician since the departure of Dr. E. E. Leeson for military service. This is a splendid opening, and any doctor interested should communicate with Mrs. E. E. Leeson, Sharpsville, Ind.

CAPT. CLAUD H. WHITE of Monrovia, who has been stationed at Camp Zachary Taylor, near Louisville, Ky., has been relieved of active duty in the army on account of physical disability, and will return to Monrovia and engage in the practice of medicine.

DR. EDWARD A. PORTER of Greensburg has purchased the home, office and practice of Dr. Flavius J. Beck of Hartsville, and removed to that place. Dr. Beck has been commissioned captain in the Medical Reserve Corps, and has been ordered to Fort Oglethorpe, Ga.

THE Fort Wayne Lutheran Hospital formally opened the new annex to the Nurses' Home on Sunday afternoon, February 17. This addition was built for and will be used in connection with training and housing additional nurses as requested by the United States Council of National Defense.

ANNOUNCEMENT is made that work has begun on the new buildings to accommodate women medical students at Columbia University. This work is made possible through the gift of \$50,000 from an association of women physicians and a total of \$18,000 from other donors.

THE Hotel Cape May, at Cape May, N. J., has been leased by the government for hospital purposes at an annual rental of \$99,000. The hotel contains 600 rooms, and is within two miles of the Henry Ford farm on which are located the Wissahickon Barracks where about 3,000 naval reserve men are being trained.

It is reported that early in February, within one week, 15,000 officers and men at Camp Upton were inoculated with an antipneumococcic serum which was employed with good results by the British in South Africa. The serum is prepared under the direction of Dr. Harold Austin of the Rockefeller Institute.

JOHN C. DANIEL and T. N. SIERSDORFER, both of Indianapolis, were the two successful candidates granted a license to practice medicine in Indiana at the recent examination of the State Board of Medical Registration and Examination. Bertha R. Fair of Muncie was granted a license to practice osteopathy.

SEVERAL editors of state medical journals are in military service. Among those who have come to our notice are Dr. Graham E. Henson, Florida; Dr. W. C. Lyle, Georgia; Dr. Frank Y. Gilbert, Maine; Dr. F. C. Warnshuis, Michigan; Dr. C. A. Thompson, Oklahoma; Dr. Holman Taylor, Texas; and Dr. J. P. McMahon, Wisconsin.

STATISTICS for Indiana for 1917 show that 62,538 babies were born and there were 39,416 deaths. Tuberculosis caused 3,883 deaths; pneumonia, 3,639; measles, 543; typhoid fever, 481; scarlet fever, 144; infantile paralysis, 33; smallpox, 13; 410 persons committed suicide; 182 murdered; deaths due to external causes, 2,211 men and 707 women.

DR. H. K. BONN of Indianapolis announces that owing to unavoidable conditions he has been compelled to sever his very pleasant association with Dr. J. R. Eastman in the practice of his profession, and has opened private offices at 320 Pennway Building, limiting his practice to general, abdominal, and genito-urinary surgery.

DR. W. W. ROSS of LaPorte has received his commission as captain in the Medical Reserve Corps. Dr. Ross makes the fourth LaPorte physician who has enlisted in the service—

Drs. F. T. Wilcox, H. H. Martin and G. R. Osborn making the quartet. Dr. Osborn is the only one of the group who has been ordered to report for duty. The others are expecting calls at any time.

On January 25 seven medical officers, fifty-one men and two nurses arrived at the hospital at Fort McHenry, Md., invalided home from France, where they have been with the American Expeditionary Force. Most of the officers have been doing medical work with the British army in front line trenches. The patients are suffering from various troubles, but few are actually wounded.

DR. JEWETT V. REED of Indianapolis, acting assistant surgeon, United States Navy, and chief surgeon at the naval recruiting headquarters for Indiana, at Indianapolis, has been transferred to duty on the receiving ship in New York City. Dr. Harrison Thurston remains in charge of the medical examinations at the recruiting headquarters at Indianapolis. Dr. Reed's successor has not been named.

PRESS dispatches state that an American field hospital within the lines of the American armies in France was the target for a German airplane which flew over it on Friday night, February 15, dropping several heavy bombs. The hospital was occupied by a number of sick and wounded officers and men, but fortunately none of the missiles reached their mark. The hospital patients and people of the nearby town were severely shaken by the explosions.

THE faculty and management of the Battle Creek Sanitarium, Battle Creek, Mich., tendered a banquet on February 19 in honor of the ninety-fifth birthday anniversary of the Hon. Stephen Smith, A.M., M.D., LL.D., of New York City. Dr. Smith for nearly forty years has been the most active member of the New York State Board of Charities, founder of Bellevue Hospital, the New York City Health Department, and the American Public Health Association. Men from all parts of the country joined in honoring the ninety-fifth anniversary of this man.

THE annual meeting of the Elkhart County Medical Society was held at Goshen, February 8. The program included an illustrated lecture on "Clinical Aspects of the Gall Bladder Disease," by Dr. Frank Smithies of Chicago; a

paper on "Benign Tumors," by Dr. Charles J. Drueck of Chicago; "Blood Pressure," by Dr. C. L. Grosh, Toledo; illustrated lecture on "Subparietal Injuries to the Abdominal Viscera," by Dr. William E. Schroeder of Chicago; a talk on the work of the Executive Secretary by Mr. F. E. Raschig, acting Executive Secretary, of Indianapolis; and an address by Dr. Joseph Rilus Eastman, President of the Indiana State Medical Association.

DURING February the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Nonofficial Remedies:

The Abbott Laboratories: Chlorcosane, Barbitol-Abbott, Procaine-Abbott.

Dermatological Research Laboratories, Philadelphia Polyclinic: Arsenobenzol (Dermatological Research Laboratories) 1 Gm. Ampules.

Eli Lilly & Co.: Typhoid Vaccine, Prophylactic; Typhoid Vaccine, Therapeutic; Typhoid Mixed Vaccine, Lilly.

Merck & Co.: Mercury Benzoate-Merck.

Monsanto Chemical Works: Halazone-Monsanto.

H. K. Mulford Company: Bulgarian Bacillus, Friable Tablets.

WITH the state hospitals for the insane crowded 20 per cent. beyond their rated capacity and with the insanity rate apparently mounting upward, the New York State Hospital Commission in its annual report recommends vigorous statewide efforts to prevent mental diseases. Expressing the belief that nearly one-half of all the cases of insanity are preventable, the commission recommends five definite steps to prevent mental disease. They are: Checking the excessive use of alcoholic liquors; checking the ravages of syphilis; informing the public more fully about mental diseases, and teaching mental hygiene; steps to eliminate extreme poverty; extension of the out-patient departments of the state hospitals, with more free clinics for these disorders and field agents to look after incipient and convalescent cases.

BICKNELL, INDIANA, has been having an epidemic of smallpox so widespread as to call for the adoption of measures of the most drastic kind. The State Board of Health declared a temporary quarantine of Bicknell for Sunday, February 17, to hold every person in his home so that a thorough survey could be made. Fifty

business men enlisted as health officers—without pay—each one being assigned to a district and every home in each district visited in the forenoon to learn where smallpox existed. Twenty-eight cases of concealed smallpox were found, and a total of 1,725 cases existing in the city were reported to the state board. In the afternoon of the day a special corps of vaccinators went from house to house and it is reported that 3,590 persons were vaccinated. In addition, every public place, business house, and many homes were fumigated. The Boy Scouts actively assisted by the distribution of pamphlets of instruction from the State Board of Health, and a unit of the Indiana Field Artillery, under Captain John Walton, were granted permission by the Governor to act as police during the twenty-four hour quarantine.

THE Secretary of War and the Surgeon-General, accompanied by Major Welch and Colonel Furbush of the Medical Corps, during February made a thorough inspection of three of the southern training camps—especially the hospitals and sanitary conditions. The camps visited were Camp Gordon at Atlanta, Camp Wheeler at Macon, and Camp Hancock at Augusta. The Secretary of War authorizes the following statement concerning same:

The disease and sick rate at each of the camps visited is steadily declining, and each of the camp hospitals has an adequate number of trained nurses in attendance; the hospitals were well cared for and well supplied, and were in the hands of capable medical and surgical staffs. The general health at all three camps was excellent, and at Camp Wheeler, where the most serious sick conditions have existed, the improvement was marked and steady. The early conditions due to overcrowding have been overcome; none of the hospitals visited was being used to its full capacity. In very few of the wards were all of the beds occupied. The operating rooms at the hospitals are now thoroughly equipped, and the water and sewage systems completely installed in two camps and almost completed in the third.

In all the camps the men were actively engaged in training, having constructed elaborate trench systems and being busily occupied with drills and exercises included in the prescribed course. In each of the camps the clothing equipment was found to be adequate, the food excellent and abundant, the equipment of rifles complete, and at each of the camps a number of machine guns of various types are in actual service on the machine gun target range. At each of the camps there are artillery regiments with field artillery and ammunition and artillery ranges in use. There remains some shortages of harness and minor articles of equipment which are being rapidly supplied. The full complement of machine guns is not yet on hand, nor of artillery; but enough of each arm to permit continuous and helpful practice.

ORDERS to officers of the Medical Reserve Corps, as pertains to Indiana doctors, during the month of February:

To Army Medical School, for instruction, Lieut. CECIL E. JOHNSON, Rensselaer.

To Camp Custer, Battle Creek, Mich., base hospital, from Camp Custer, Lieut. HARRY H. WARD, Coalmont.

To Camp Taylor, Louisville, Ky., from duty as private at Camp Taylor, Lieut. EDGAR F. MAGENHEIMER, Evansville.

To Fort Oglethorpe, for instruction, Capt. CLAUDE C. CRUM, Jeffersonville; Lieuts. ARTHUR C. KNIGHT, Butte; CHARLES D. RYAN, Cross Plains; OLIVER C. BENNETT, Culver; BENJAMIN S. POTTER, Cumberland; WILLIAM C. MYERS, Dana; JAY H. GRIMES, Danville; EMERY P. SMALL, Decker; OLIVER E. GRIEST, Delphi; WESLEY M. HALL, East Enterprise; BLAINE A. BLOSSER, Fremont; ELBERT E. FREEMAN, Greentown; ARTHUR G. DOTY, HERMAN H. GICK, ROBERT ELDON REPASS, ELMO R. ROYER, WILLIAM L. ROYSTER, Indianapolis; GROVER C. PRICE, Judson; RICHARD L. RAIBOURN, Lynnvillle; THEODORE F. SEYMOUR, Michawaka; CHESTER A. MARSH, New Castle; KELLEY C. FITZGERALD, New Harmony; HARRY B. GUDGEL, Princeton; JOHN H. NILES, Seymour; OTT CASEY, JOHN E. FREED, Terre Haute; EARL E. JOHNSON, West Lebanon; JOHN S. ROBINSON, Winchester; from Camp Custer, Lieut. JULIUS J. GROSVENOR, Richmond.

To Fort Riley, for instruction, Lieut. HENRY V. LOGAN, Rushville.

To Rockefeller Institute, N. Y., for instruction, from Camp Dix, Lieut. KARL C. EBERLY, Fort Wayne.

To St. Louis, Mo., Washington University Medical School, for instruction, from Camp Custer, Capt. FRANK H. KELLY, Argos.

To Chicago, Ill., Presbyterian Hospital, for instruction, and on completion to his proper station, from Fort Riley, Major GEORGE W. NEWELL, Peru. For instruction in orthopedic surgery, Lieut. THOMAS P. GOODWYN, South Bend.

To Fort Oglethorpe, for duty, from Fort Oglethorpe, Lieut. IRVINGHAM H. WILLETT, Gary.

To Fort Riley, for instruction, Lieut. JOHN W. THOMSON, Garrett; from Fort Riley, Lieut. RAYMOND EVANS, Clinton.

To New York City, Bellevue Hospital, for instruction, and on completion to Camp Dix, from Fort Oglethorpe, Lieut. JOHN W. BALLARD, Logansport. Cornell Medical College, for instruction in military roentgenology, from Fort Benjamin Harrison, Lieut. FREDERICK M. WHEELER, Wabash.

Honorably discharged, Capt. FRANCIS E. HYPES, Indianapolis.

To Ann Arbor, Mich., Psychopathic Hospital, for intensive training, Lieut. CLYDE C. BITLER, Newcastle.

To Camp Grant, Rockford, Ill., for instruction, Capt. NOAH W. CLARK, Rossville; Lieuts. ROYAL W. DUNHAM, Angola; DORSEY D. METCALF, Fort Wayne.

To Fort Bliss, Texas, for duty, from Fort Riley, Lieut. IRA E. BOWMAN, Odon.

To Fort Des Moines, Iowa, for duty, Lieut. ARTHUR L. LEEDS, Michigan City.

To Fort Oglethorpe, for instruction, Lieuts. SAM W. HOOKE, Noblesville; DUFFIELD D. MacGILLIVRAY, Pine Village; ADAM F. PANEK, South Bend.

To Fort Riley, for instruction, from Camp Grant, Capt. NOAH W. CLARK, Rossville; Lieut. FORSEY D. METCALF, Fort Wayne.

To Governor's Island, N. Y., Coast Defenses for duty, from Fort Oglethorpe, Capt. GEORGE T. WILLIAMS, Crawfordsville.

To Portland, Maine, Coast Defenses from Fort Oglethorpe, Lieut. HENRY W. IRWIN, Indianapolis.

To Camp Logan, Houston, Texas, for duty, from Fort Riley, Lieut. THEOPHILUS P. CAPLINGER, Wallace.

To Camp Pike, Little Rock, Ark., for duty, Lieut. CHARLES G. BEALL, Fort Wayne.

To Camp Travis, Fort Sam Houston, Texas, for duty, Lieut. HARRY L. COOPER, South Bend.

To Fort Oglethorpe, for instruction, Capt. THOMAS J. DEHEY, South Bend.

To Newport News, Va., for duty, from Camp Devens, Lieut. ASHTON M. BALDWIN, Marion.

To Rochester, Minn., Mayo Clinics, for instruction, and on completion to Camp Grant, Rockford, Ill., for duty, from Chickamauga Park, Capt. CLAUDE DuV. HOLMES, Indianapolis.

CORRESPONDENCE

ADVANCED RANK FOR MEDICAL OFFICERS IN THE ARMY

INDIANAPOLIS, FEB. 21, 1918.

Editor of The Journal:—I am sending you herewith the copy of a letter received from the Council of National Defense which is self explanatory.

It is desirable that this important matter be brought to the attention of the profession of the state. I am

Very respectfully yours,

JOSEPH RILUS EASTMAN, M.W.,

Chairman State Committee, Council of National Defense, Medical Section.

COUNCIL OF NATIONAL DEFENSE,
Washington, D. C., Feb. 7, 1918.

1. The Owen Bill, S. 3748, and the Dyer Bill, H. R. 9563, creating advanced rank for officers of the Medical Corps were introduced in the Senate and House of Representatives Tuesday, February 5. These two bills are identical and are similar to a bill passed some time ago whereby advanced rank was granted to medical officers in the Navy. According to the present law the ranks for officers of the Medical Reserve Corps are First Lieutenant, Captain and Major. According to the Owen and Dyer Bills the ranks, in addition to those just noted, are Lieutenant-Colonel, Colonel, Brigadier-General and Major-General. The medical profession has long realized the importance of this advanced standing for physicians serving in the Army, and has felt the great value, to the health and welfare of soldiers, coming through orders given by medical officers of higher rank than those which are now accorded.

2. A recommendation involving the efficiency of the Army, because health is necessary to efficiency, given by a medical officer to a line officer of superior rank fails to carry weight necessary for such an important recommendation. This has been the experience of many officers in the past and has been responsible for this demand for advanced rank. The number in the regular Medical Corps now on active duty is 775. Volunteer physicians in the Medical Officers' Reserve Corps to the number of 12,855 are now on active duty. As you well know, physicians of the highest standing in the profession are now in the military service with the rank of major; the Army, therefore, losing the benefit of their experience and knowledge because of a lack of power to enforce their recommendations. Advanced rank carries with it this power.

3. The value of this patriotic service will be greatly enhanced by the early passage of these bills. If you feel, therefore, that more efficient service will be rendered after these bills become law, will you and your medical friends communicate directly with your senators and representatives, preferably by telegraph, using the "night letter" service, if desired, giving them the

benefit of your experience and advice. In matters medical, legislators are both willing and anxious to be guided by the wishes of the medical profession. Will you also present this information concerning these bills to the medical societies of your state and city for their consideration and action, such action to be in the nature of resolutions to be forwarded to senators and representatives as an evidence of the recommendation of the profession on this question?

By direction of

DR. FRANKLIN MARTIN.

Committee on States Activities

General Medical Board

Edward Martin, Chairman	Joseph M. Flint
John D. McLean, Sec'y	William J. Mayo
Joseph C. Bloodgood	Stuart McGuire
John Young Brown	Col. R. B. Miller, U. S. A.
Karl Connell	Col. R. E. Noble, U. S. A.
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John M. T. Finney	Fredk. T. Van Beuren, Jr.

Ex-Officio Members

Franklin Martin, Member of Advisory Commission
F. F. Simpson, Chief of Medical Section

NEW RULES FOR MEDICAL REGISTRATION AND EXAMINATION

INDIANAPOLIS, FEB. 13, 1918.

To the Editor:—The regular semi-annual examination given by the State Board of Medical Registration and Examination for applicants desiring to obtain license to engage in the practice of the healing art in Indiana was held at the Capitol building, January 8, 9 and 10, 1918, twenty-three applicants appearing for examination, seven of whom were M.D.'s, one osteopath and fifteen midwives. Of the physicians examined four made a passing grade, three failed, and one candidate's manuscripts were not graded for the reason that he flagrantly violated the printed rules governing conduct of examination. Ten midwives successfully passed the examination. Five failed to make a passing grade.

Numerically the class was the smallest ever examined by the Board. The number of applicants for examination has been growing smaller each year since 1911, which is the date of the taking effect of the preliminary educational requirement. The Board decided to discontinue the examination heretofore given in January, and hereafter will hold only one examination

each year, beginning the second Tuesday of July.

The former practice of permitting all applicants to write their answer papers in their native tongue has been discontinued. This practice necessitated a translation of the questions from English to any foreign language desired by the applicant, and a translation of the answers into English before grading. The Board believes the time is opportune for emphasizing the fact that we are an English speaking nation. The speaking and teaching of any other than the English language in this country should be discouraged. There are too many districts in our country where the Italian, German or other alien languages are almost exclusively spoken. Such a situation is not conducive to loyalty and patriotism. The melting pot is not working well in these quarters and will result in national indigestion unless such clannishness is discouraged.

Consideration of the petition of Dr. Henry W. Niswonger for reinstatement of his license to practice medicine was indefinitely postponed.

The following resolution was adopted:

WHEREAS, The late Dr. John C. Webster of Lafayette, Ind., was for many years a faithful and efficient member of the Board of Medical Registration and Examination, being appointed as the first choice for such position by Governor Mount; chosen by the Board for its first president, in which capacity he served for many terms, endearing himself to all its members, and constantly rendering service of great value to the state by his wise counsel, honest and faithful work as an officer and member of the Board, and,

WHEREAS, The medical profession of the State of Indiana, through Dr. Webster's work on the State Board of Medical Registration and Examination, as also the whole country through his services as a member of the American Confederation of Reciprocating and Examining Licensing Boards, are greatly indebted to him, and,

WHEREAS, The Board of Medical Registration and Examination desires to do honor to the name of Dr. Webster, and accord recognition for his eminent service, and also his great worth as a physician, therefore, be it

Resolved, That in the death of Dr. Webster the Board has lost a wise counsellor, the medical profession a capable member, the state a most loyal and patriotic citizen, and the family a faithful and loving father. Dr. Webster was the soul of honor, his life history an inspiration to the medical profession, and to all who knew of the excellent qualities of his mind and heart an enduring memory.

W. T. GOTT,

Secretary State Board of Medical Registration and Examination.

SOCIETY PROCEEDINGS

INDIANA STATE MEDICAL ASSOCIATION

Standing of Counties in 100 Per Cent. Club Contest—

Members paid up to Feb. 15, 1918

County	1917	1918
Tipton	23	24
Union	8	9
Clinton	20	24
Floyd	31	28
Fulton	16	15
Dearborn-Ohio	24	24
Lagrange	20	20
Sullivan	29	29
Scott	3	3
Jackson	23	22
Elkhart	61	58
Tippecanoe	60	58
Jay	17	16
Porter	17	16
Cass	45	42
Perry	13	12
Wells	25	23
Kosciusko	24	21
Franklin	8	7
Knox	44	38
Owen	14	12
Decatur	18	15
Hamilton	23	19
Martin	11	9
Dubois	16	13
Morgan	16	13
Jennings	15	12
Pike	15	12
Jasper-Newton	19	15
Jefferson	19	15
Warrick	14	11
Hendricks	27	21
Rush	22	17
Benton	17	13
LaPorte	51	39
Whitley	21	16
Lawrence	24	18
Pulaski	16	12
White	8	6
Putnam	22	16
Switzerland	11	8
Delaware-Blackford	72	52
Posey	17	12
Montgomery	37	26
Daviess	25	17
Vigo	95	64
Wayne	55	37
Greene	18	12
Adams	20	13
Steuben	17	11
Grant	48	31
Huntington	33	21
St. Joseph	68	43
Crawford	8	5
Harrison	8	5
Randolph	28	17
Fountain-Warren	33	20
Fayette	15	9
Orange	15	9
Washington	5	3
Johnson	21	12
Wabash	25	13
Lake	104	58
Bartholomew	29	16
Madison	52	28

County	1917	1918
Marion	325	161
Carroll	25	12
Boone	22	10
Noble	31	14
Miami	28	12
Gibson	33	14
Monroe	20	8
Vanderburg	70	28
Henry	41	16
Spencer	20	7
DeKalb	21	7
Allen	95	30
Marshall	23	7
Parke-Vermilion	24	2

MIDWINTER MEETING OF MIDDLE SECTION OF AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOL- OLOGICAL SOCIETY

The midwinter annual meeting of the middle section of the American Laryngological, Rhinological and Otolological Society was held in Indianapolis Friday, February 22, with the following program: Morning session, "Tagliacotain Method of Rhinoscopy," Dr. Ira Frank, Chicago; "Some Problems in Plastic Operations About the Face," Dr. Joseph C. Beck, Chicago; "Tonsillectomy with Local Anesthesia," Dr. Justus Matthews, Minneapolis; "Medical War Literature as It Pertains to Our Specialty," Dr. H. W. Loeb, St. Louis; and "Surgical Treatment of the Frontal Sinus," Dr. John F. Barnhill, Indianapolis. Dr. Samuel Iglauer of Cincinnati opened the discussion of the papers by Drs. Frank and Beck, which dealt with similar subjects. Those who participated in the general discussion were Dr. H. W. Loeb of St. Louis and Dr. J. R. Eastman of Indianapolis. The discussion of Dr. Justus Matthew's paper was opened by Dr. J. A. Thompson of Cincinnati. This paper was widely discussed by members.

The dominant spirit of the short after-luncheon talks was "Medical Activity in the Army"; the physicians in active service being represented by Dr. H. W. Loeb of St. Louis, and those physicians active in national and state medical defense work represented by Dr. J. R. Eastman of Indianapolis, Indiana member of the general medical board of the Council of National Defense, and Dr. Charles P. Emerson, chairman of the Indiana Medical Defense Committee. The talks of these men were most enlightening, giving those present the present status of the medical situation.

After luncheon the scientific program was continued, Dr. Barnhill presenting his paper, and Dr. J. A. Stucky of Lexington, Ky., presenting two case reports with radiograms. Dr. A. M. Cole of Indianapolis also demonstrated some radiograms.

At the conclusion of the scientific program, the society met at the Methodist Hospital at 3 o'clock where operative clinics were held. Dr. Justus Matthews did three tonsillectomies under local anesthesia; Dr. Ira Frank did several tonsillectomies under general anesthesia; and Dr. Barnhill did a radical operation on a case of pansinusitis, including the frontal, antrum and anterior ethmoid. A moving picture reel, "The Use of the Electric Burr in a Radical Mastoid Operation," by Dr. Joseph C. Beck, demonstrated the value of such pictures in teaching operations; however, more instructive to the graduate than to the undergraduate. Dr. Samuel Iglauer passed a esophagoscope on a small child with a stricture of the

esophagus, and also demonstrated an interesting laryngeal case by direct laryngoscopy.

The day's program was concluded with a dinner to the members of the society at the Claypool Hotel. The speakers were Mr. Meredith Nicholson, who spoke on "Optimism as a Valuable Asset in Winning the War"; Dr. J. A. Stucky on "Medical Patriotism," and Dr. Joseph C. Beck on "The United States as a Probable Medical Center After the War." Others who spoke were Dr. H. W. Loeb and Dr. John R. Newcomb. Later the members of the society were entertained by Harry Porter in his "Abe Martin" monologue.

INDIANAPOLIS MEDICAL SOCIETY

Jan. 29, 1918

Meeting of the Indianapolis Medical Society was called to order by first vice president, Dr. F. C. Potter.

Minutes of the previous meeting were read and approved.

Dr. T. B. Eastman introduced a motion that the council be instructed to order the payment of the dues of those members now in the service of the U. S. Government. This motion was duly carried.

Dr. F. B. Wynn introduced the following resolution:

Resolved, That a committee of seven including the secretary be appointed by the president of the society, whose duty it shall be to secure newsy personal letters from members of the society addressed to the men at the front; that each such letter be typewritten on uniform paper and signed by the writer; that the same be bound together in one volume and sent by registered letter or express to the authorities of the Lilly Base Hospital No. 32; that the authorities of that hospital be requested to circulate the news-letter among the hospital staff and then forward the same to other Indianapolis men who are "somewhere in France."

The chair appointed on this committee the following: Drs. Wynn, Eastman, Gabe, Kiser, Dugan, Newcomb and Ruddle.

Dr. Earp presented a case of endocarditis due to a streptococcic infection of the thumb. He then presented a very interesting aortic aneurysm associated with old syphilis.

Dr. Wynn in commenting on aortic aneurysm said it was the opprobrium of surgery. He said surgeons have made no progress in the treatment and that they should attack this problem with a view to securing relief from this terrible condition. Thought horse hair or catgut introduced into the aneurysm might be of value.

Dr. Sterne thought the medical man should anticipate the surgeon. They should not allow an aneurysm to form. Said aortitis is the beginning of aneurysm and that it is usually syphilitic in origin and should be found by the medical man. Antiluetic treatment often brings good result in the sausage form of aneurysm.

Dr. Ross presented a case of a frozen finger and a frozen foot and advised against too early amputation in such cases and also against too many stitches in flap when amputation is done. In presenting a case of a buried needle he said that it simplified the finding of needles to make a crescentic incision.

Dr. Neu presented a case of cerebrospinal syphilis and one of polyneuritis, the latter case had been presented to the society before and he was shown again that his improvement might be noted.

Dr. Erdman showed a case of carcinoma of the scrotum well advanced, another case of urinary retention. Dr. Erdman warned against the entire emptying of the bladder in retention. The sudden withdrawal of the support which has existed for a considerable period of time is fraught with danger of pyelitis and death to the patient.

Dr. Hadley said in removing needles the field should be bloodless and advised applying an Esmark bandage beginning at fingers and extending up to elbow, then apply a tourniquet and remove the bandage.

Dr. Gatch: Success of surgery in aneurysm depends on the location of the aneurysm. If favorably located they are easily cured. Sixteen cases of aortic aneurysm wired by Dr. Finney resulted in one cure. Eighteen cases of abdominal aneurysm treated by him resulted in as many deaths.

Dr. Newcomb called attention to the value of ophthalmoscopic examinations in correct diagnosis.

Meeting adjourned. Attendance 54.

February 5

Meeting was called to order by the president, Dr. Norman E. Jobes. Minutes of the previous meeting read and approved.

Dr. John H. Oliver offered a motion that the president, representing the society, offer to the City Board of Health the assistance of this body in securing the proper legislation to cope with the contagious disease situation in our city.

Paper: "Gunshot Wounds of the Thorax," by Dr. J. Rilus Eastman; no abstract.

In discussion Dr. J. H. Oliver said the pendulum is now swinging back toward antiseptic surgery and many and varied antiseptic solutions are in use. The right thing is probably a judicious use of both antiseptic and aseptic surgery. Fractured ribs in chest injuries are frequently overlooked. In operating hepatised lungs remove the ribs necessary under general anesthesia later go into the lung tissue without further anesthetic. He advised more extensive operations in empyema than is usually done.

Dr. Ross: The keynote of surgery is common sense. So-called conservative surgery is very bad surgery at times. Said exploratory surgery is bad. A surgeon should have something definite in his mind when he starts to operate and that should be limited to the least amount possible. A surgeon should always have in mind the conservation of tissue. Emphasized the value of having the patient in as good condition as possible before operating. When bone tissue is infected surgery is always necessary. Not so of soft tissue. Here you may safely wait for developments.

Dr. Wells said the paper was timely, comprehensive and clean cut. There is no difference between the surgery of military and civil life except as conditions vary. Cited a number of cases of gunshot wounds to show that the operator should not rush into operation unless indications very clearly point to immediate interference.

Dr. Eastman in closing thanked the discussants for their discussions.

Attendance 56.

February 12

Meeting was called to order by the president, Dr. Norman E. Jobes. Minutes of the previous meeting were read and approved.

Paper: "Chronic Constipation," by Dr. C. P. Emerson; no abstract.

Dr. J. R. Eastman in discussion said the war, if

long continued, would have a beneficial influence on constipation as it had in European countries, because of substitutes which of necessity will have to be used for the more concentrated foods now in general use. This would result in better general health. Said surgery for constipation had been greatly overdone, but was indicated in cases where adhesive bands were the causative factor. Convolutions of bowel did not figure as a cause of constipation. Decubitus ulcers may set up low form of peritonitis with consequent bands of adhesion resulting in constipation. Dr. Eastman reviewed the fetal development of the bowel and traced some forms of constipation to malformations resulting opposed as a general rule the complicated operations performed for the relief of constipation and said a number of such operations performed by him had been unsuccessful.

Dr. Foreman said: Consideration of the types of chronic constipation are of value only so far as they give us concepts of symptom complexes, and aid us in directing treatment. Dr. Emerson's classification of the types of chronic constipation seem to be rather indefinite and overlapping and did not suggest to his mind definite concepts which would be helpful in treatment.

The types which Dr. Emerson suggests as rectal, dyschezia, hypertonic, hyperkinetic, dyskinetic, spastic and mixed, suggest to him single type of chronic constipation which the term hypertonic or mixed probably expresses better than any other. This is the type, contrary to the common acceptance, which we find in the great majority of cases of chronic constipation. In this type we have dilatation and atonicity of the proximal colon and rectum and spasticity and hypertrophy of the distal colon, especially the descending colon and sigmoid.

In the treatment of this type, cathartic drugs are contraindicated because of the difficulty of forcing a hypotonic bowel against a hypertonic bowel, enemas may be useful, a general diet is indicated, physical methods of treatment are of little avail, a training of the bowel to regular habits of evacuation is indispensable, all reflexes arising from diseased conditions in the body especially of the abdominal and pelvic organs must be corrected, psychical influence or ideas which inhibit intestinal peristalsis and defecation must be eradicated.

The term ptosis, hypotonic and atonic, which Dr. Emerson uses suggest another type of chronic constipation, not nearly so frequent as the first type, which may possibly be best designated as atonic. In this type there occurs a laxity of the entire musculature of the colon resulting in a lack of tone or propulsive power; here the entire colon is dilated, the musculature weakened, the haustral markings indistinct, and retardation occurs along the entire course of the colon. I disagree with Dr. Coble in saying this is the common type of chronic constipation.

Dr. Emerson has well suggested the treatment of this type, viz.: rest, light or liquid diet, tonic laxatives, physical methods, etc.

Since many of these patients cannot afford to take the rest, he suggested an ambulatory treatment, using a properly fitting abdominal pad. This type is more common in women, although, it is not infrequently found in men.

The surgical type which Dr. Emerson mentions may be either of the infectious or obstructive type. The infectious type constitutes a border line condition between medicine and surgery. The obstructive type Dr. Eastman has well discussed.

Ptois in itself is of no significance unless there be mechanical obstruction, as the elongation and contraction of the longitudinal bands of the colon produce a wormlike motion of the colon, so that the position of the colon varies, sometimes low down, at other times high up.

He emphasized one statement of Dr. Emerson's that diarrhea is a common symptom of chronic constipation.

Dr. Kimberlin said the psychic influence played a considerable part in constipation as well as in its cure, and suggestion worked well in many instances. One difficulty was the indifference to the act of defecation on the part of the patient.

Dr. Emerson and Dr. Coble in closing thanked the discussants.

Attendance 78.

Dr. A. L. MARSHALL, Secretary.

DELAWARE-BLACKFORD

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. building, Friday evening, Feb. 1, 1918, and was called to order at 8:15 by President O. E. Spurgeon.

C. A. Sellers of Hartford City read a most interesting and profitable paper on the "Modern Treatment of Diabetes Mellitus," and exhibited a patient, a young woman, with the disease in a progressive stage, who for more than a year has selected, measured, weighed and especially prepared and cooked every ounce of food ingested. She is so completely mistress of the situation that she can interpret the slightest variation in symptoms, and alters her daily menu accordingly.

Dr. Sellers quoted freely from Joslin: gave Allen's theory of diabetes, and after comparing this with von Noorden's theory, concludes that diabetes is such a complicated disease that little aid can be rendered to the patient if the attention is focused on the glycosuria alone. He feels that it is necessary to re-educate the patient regarding his food requirements and mode of living, and any other method of treatment is folly and a waste of time to both patient and physician. The physician had better refuse the case if the patient will not cooperate and receive instruction in the different food percentages and their caloric values. The patient must adjust his life so that complete harmony exists between his desires and the plan of the physician. The speaker illustrated (by his patient) that such an arrangement is possible; that it can be done in a scientific manner, and that it does not create much of a hardship to the patient, and is a very satisfactory way of keeping the diabetic feeling well and strong.

The older method of suddenly withdrawing the carbohydrates, leaving the patient on a fat-protein diet, is dangerous and unscientific. It is more rational to follow Joslin who first withdraws the fats, and after two or three days omits the proteins, and then halves the carbohydrates daily until the patient is taking only 10 gm. per day; then finally instructing the patient to fast until the urine is free from sugar.

Dr. Sellers believes that the use of alkalies does increase the acid bodies in the urine, and that their use in diabetic acidosis should be questioned. He has observed that edema of the ankles will clear up after the withdrawal of alkalies and, conversely, the addition of alkalies will produce edema of the ankles.

The etiology is in a disturbed metabolism, particularly an intolerance to carbohydrates. Food is wasted by a diabetic. The organs involved are chiefly the pancreas, liver, hypophysis cerebri, thyroid and supra-

renal bodies. The severity of the disease is estimated by the degree of carbohydrate intolerance.

The paper was freely discussed by Drs. Spurgeon, Wadsworth, C. A. and L. L. Ball and others.

Adjourned. H. D. FAIR, Secretary.

JASPER-NEWTON

The Jasper-Newton County Society was entertained by Dr. G. H. Vankirk at the Kent Club Rooms, at Kentland, February 22.

Topics for the evening, Tibial Ulcer, and Blood Pressure in Pregnancy, were discussed.

The program for the coming year was taken up and decided to follow the third year course as outlined by the American Medical Association, as follows:

March 29.—Meeting with Dr. E. E. Besser at Remington. Papers: The Diagnosis and Treatment of Wounds of the Thorax, Dr. I. M. Washburn. The Symptoms, Diagnosis and Treatment of Empyema, Dr. E. E. Besser.

April 26.—Meeting with Dr. T. E. Collier, Brook. The Localization of the Lesion in Intercerebral Hemorrhage, Dr. C. E. English. Early Diagnosis and Treatment of Cerebral Palsies of Children, Dr. O. E. Glick.

May 31.—Meeting with Dr. C. E. English, Rensselaer. Differential Diagnosis of Smallpox, Dr. F. H. Hemphill. Bacteriology of Scarlet Fever, of Smallpox, Dr. M. D. Gwin.

June 28.—Meeting with Dr. O. E. Glick, Kentland. Indications and Contraindications for Curettage, Dr. J. G. Kinneman. Diagnosis of Pelvic Inflammation, Dr. A. R. Kresler.

July 26.—Meeting with Dr. M. D. Gwin, Rensselaer. Differential Diagnosis and Treatment of Acute Pancreatitis, Dr. Frank Kennedy. Medicinal Treatment of Chronic Gastric Catarrh, Dr. W. C. Mathews.

August 30.—Meeting with Dr. F. H. Hemphill, Rensselaer. The Indications for Operation in Gall-Stone Disease, Dr. I. M. Washburn. The Significance of Jaundice in Gall-Stone Disease, Dr. A. P. Ranier.

September 27.—Meeting with Dr. J. G. Kinneman, Goodland. The Early Diagnosis of Tuberculosis in Children, Dr. W. C. Mathews. The Practical Value of the Laboratory Aids in the Diagnosis of Tuberculosis, Dr. G. H. Vankirk.

October 25.—Meeting with Dr. A. R. Kresler, Rensselaer. Etiology and Treatment of Chronic Diarrhea, Dr. E. E. Besser. Diagnosis of Cirrhosis of Liver, Dr. O. E. Glick.

November 29.—Meeting with Dr. Frank Kennedy, Goodland. Pathology and Diagnosis of Purulent Infection of the Accessory Sinuses of the Nose, Dr. A. R. Kresler. General and Local Treatment of "Chronic Catarrh" of the Nose and Throat, Dr. M. D. Gwin.

December 27.—Meeting with Dr. W. C. Mathews, Kentland. The Diagnosis and Differentiation of Hysteria, Dr. J. G. Kinneman. The Diagnosis and Treatment of Epilepsy, Dr. G. H. Vankirk.

O. E. GLICK, Secretary.

MADISON COUNTY

The Madison County Medical Society met in the City Library, Anderson, February 26. Letters from members of the society who are in military service were read, and Major Frank W. Foxworthy of Indianapolis was guest of the society, bringing some first hand information as to the advantages and disadvantages of army life for the medical man.

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1917, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

BARBITAL.—DIETHYL-BARBITURIC ACID, first introduced under the name veronal. In small doses barbitol is a relatively safe hypnotic, but fatalities have followed its indiscriminate use. It is claimed to be useful in simple insomnia, as well as in that accompanying hysteria, neurasthenia and mental disturbances. From 0.3 to 1 gm. (5 to 15 grains) in hot water, tea or milk, or, if in wafers or capsules, followed by a cupful of some warm liquid.

BARBITAL-ABBOTT.—A brand of barbitol complying with the New and Nonofficial Remedies standards. The Abbott Laboratories, Chicago.

MERCURY BENZOATE-MERCK.—A brand of mercuric benzoate complying with the New and Nonofficial Remedies standards. Mercuric benzoate has the properties of mercuric chloride. It has been said to be useful for hypodermic use and in gonorrhea. Merck and Company, New York.

CHLORCOSANE.—A liquid obtained by chlorinating solid paraffin. It contains about 50 per cent. of chlorin in stable combination. Chlorcosane is used as a solvent for dichloramine-T; with it solutions containing as much as 8 per cent. may be prepared. When used in a hand atomizer, chlorcosane solutions of dichloramine-T may be made less viscous by the addition of 10 per cent. of carbon tetrachloride. The Abbott Laboratories, Chicago.

BETANAPHTHYL SALICYLATE-CALCO.—A brand of betanaphthyl salicylate complying with the New and Nonofficial Remedies standards. Betanaphthyl salicylate is believed to act as an intestinal antiseptic and, being excreted in the urine, to act in a similar way in the bladder. It is said to be useful in intestinal fermentations, catarrh of the bladder, particularly gonorrheal cystitis, rheumatism, etc. The Calco Chemical Co., Bound Brook, N. J.

ACETYSALICYLIC ACID-MERCK.—A brand of acetylsalicylic acid complying with the New and Nonofficial Remedies standards. Acetylsalicylic acid is employed in rheumatic conditions, and especially as an analgesic and antipyretic in colds, neuralgias, etc.

CHLORAZENE SURGICAL POWDER.—An impalpable powder composed of chlorazene, 1 per cent.; zinc stearate, 10 per cent., and sodium stearate, 89 per cent. Chlorazene surgical powder is absorbent, slightly astringent, and forms a closely adherent film when applied to the skin. It may be dusted freely over denuded or abraded areas, cuts, wounds, and skin eruptions. The Abbott Laboratories, Chicago (*Jour. A. M. A.*, Feb. 16, 1918, p. 459).

PROPAGANDA FOR REFORM

PHENALGIN AND AMMONOL.—At the time that synthetic chemical drugs were coming into fame and when every manufacturer who launched a new headache mixture claimed to have achieved another triumph in synthetic chemistry, Ammonol and Phenalgin were born and duly christened with chemical formulas. However, one of the first reports of the Council on Pharmacy and Chemistry showed them to be mixtures composed of acetanilid, sodium bicarbonate and ammonium carbonate. Since then the unwarranted claims made for these preparations have been exposed repeatedly, and the danger of the indiscriminate use of headache mixtures pointed out. Despite the exposure of the methods used in exploiting Ammonol and Phenalgin, one finds just as glaringly false statements made in the advertisements of Phenalgin today

as were made in its unsavory past. This would seem to indicate either that physicians have short memories or that they are strangely indifferent to the welfare of their patients, to their own reputation, and to the good name of medicine (*Jour. A. M. A.*, Feb. 2, 1918, p. 337).

ABSORPTION AND EXCRETION OF MERCURY.—It may be regarded as clearly established that, in addition to the kidneys, the stomach may participate in this eliminatory function quite as well as the other portions of the alimentary tract. The occurrence of severe intoxications from the use of mercuric chloride in vaginal douches is likewise recognized. The absorption of mercury through the sound skin has been in dispute. To account for the efficacy of mercurial inunction, the contention has been made that the mercury thus applied is volatilized and absorbed through the lungs in greater part if not entirely. Experiments in the dermatologic laboratories of the Philadelphia Polyclinic leaves little doubt that the skin is an important, perhaps the most important, path of absorption of mercury applied by inunction (*Jour. A. M. A.*, Feb. 9, 1918, p. 392).

BASY BREAD.—This is an asserted obesity cure put out by the Doctors' Essential Food Company, Orange, N. J. The advertising claims are extravagant and typical of other obesity treatment literature. Analyses indicated that in composition Basy Bread was similar to graham bread. Basy Bread sells for \$1 a loaf. Dr. Wiley well sums up the case thus: "There is one way in which Basy Bread will reduce; that is, don't eat any of it nor much of it nor much of any other kind" (*Jour. A. M. A.*, Feb. 9, 1918, p. 407).

CAMPHO-PHENIQUE.—The Secretary of the Harvard University Medical School received, from the Campho-Phenique Company of St. Louis, a letter stating that the concern wishes to supply the senior students of all medical colleges with samples of Campho-Phenique and Campho-Phenique powder, and ointment, and asking the number of students and the name of every student in the graduating class. The Campho-Phenique concern believes in following the old advice, "Catching them young." In 1907, the Council on Pharmacy and Chemistry reported that Campho-Phenique (liquid) was exploited under a false "formula," that it was a solution of camphor and phenol in liquid petrolatum, and that for all practical purposes Campho-Phenique Powder was essentially a camphorated talcum powder containing apparently sufficient phenol and camphor to give the powder an odor. The report of the Council further brought out that the Campho-Phenique Company was in effect one of the numerous trade names adopted by one James F. Ballard. Mr. Ballard seems to market a number of "patient medicines," for some of which Dr. Ballard has pleaded guilty in the federal courts to making false and fraudulent claims (*Jour. A. M. A.*, Feb. 9, 1918, p. 408).

SODIUM BICARBONATE.—Few patients will object to the taste of sodium bicarbonate if the required dose is administered dissolved in a convenient quantity of cold water. The taste may be disguised by dissolving the sodium bicarbonate in carbonated water or else by adding a little sugar and lemon juice to ordinary water. Sodium bicarbonate may also be prescribed in the form of tablets. Though it is better that these be allowed to dissolve in the mouth, in most cases they are swallowed without discomfort (*Jour. A. M. A.*, Feb. 9, 1918, p. 410).

ACETYSALICYLIC ACID AND PHENOL SALICYLATE INCOMPATIBLE WITH ALKALIES.—In the presence of moisture, acetylsalicylic acid is decomposed by magnesium oxide (calced magnesias), as is also phenyl salicylate (salol). Hence these drugs should not be combined with magnesium oxide in a prescription (*Jour. A. M. A.*, Feb. 9, 1918, p. 410).

FELLOWS' SYRUP, AND OTHER PREPARATIONS OF THE HYPOPHOSPHITES.—An advertisement for Fellows' Syrup reads: "Fellows' Syrup differs from other prep-



For the relief of the nervous disturbances incidental to the menopause, and in Dysmenorrhea, Amenorrhea, Hysteria and Neurasthenia, prescribe

Corpus Luteum (Armour)

2 and 5 grain Capsules, 2 grain Tablets

Red Bone Marrow

Where there is blood dyscrasia, give Extract of Red Bone Marrow.

Pituitary Liquid

In obstetrics, to produce peristalsis after operations and in cases of shock, Pituitary Liquid (Armour). Physiologically standardized and free from inhibitors, $\frac{1}{2}$ cc and 1cc ampoules.

Surgical Catgut Ligatures

Armour's Surgical Catgut Ligatures are smooth, strong, supple and thoroughly sterile. All sizes, plain and chromic.

Write for Literature

ARMOUR AND COMPANY

CHICAGO

2306

arations of the hypophosphites. Leading clinicians in all parts of the world have long recognized this important fact. Have you? To insure results, prescribe the genuine R. Syr. Hypophos. Comp. Fellows'. Reject cheap and inefficient substitutes. Reject preparations 'just as good.' In truth, Fellows' Syrup is not like the better preparations of this type, since after standing it contains a muddy looking deposit that any pharmaceutical tyro would be ashamed of. Examination of the literature used in the exploitation of Fellows' Syrup fails to disclose any evidence to show that it has therapeutic value. Not only is there an entire absence of any evidence of its therapeutic value, but there is an abundance of evidence that the hypophosphites are devoid of any such therapeutic effects as they were formerly reputed to have, and that they are, so far as any effect based on their phosphorus content is concerned, singularly inert. As the result of its investigation of the therapeutic effects of the hypophosphites, the Council on Pharmacy and Chemistry concluded: There is no reliable evidence that they exert a physiologic effect; it has not been demonstrated that they influence any pathologic process; they are not "foods." If they are of any use, that use has never been discovered (*Jour. A. M. A.*, Feb. 16, 1918, p. 478).

CALCIUM IODIDE IN TUBERCULOSIS.—There appears to be no work to indicate that the intravenous administration of calcium iodide in tuberculosis is of value. It has not been demonstrated that tuberculosis is associated with a deficiency of calcium. On the other hand, experiments demonstrate that the administration of calcium does not change the calcium content of the blood. Furthermore, there is no evidence to warrant the intravenous administration of iodides (*Jour. A. M. A.*, Feb. 16, 1918, p. 481).

BELL-ANS (PAPAYANS, BELL).—"Are you going to sit there and let the other folks eat up all the good

Good Will

must be earned—and should be fully deserved.

We are proud of the fact that we have the Good Will of the Medical Profession of Indiana and we hope that we have justly earned it by square dealing, honestly made goods and clean business methods.

On no other foundation could we have so well built our business from "the acorn of 1860" to "the oak of 1918."

SHARP & DOHME

Since 1860

Careful Conscientious Chemists

things just because you are afraid to pitch in, when 2 or 3 Bell-Ans taken before and after the meal would enable you to enjoy your share of all that's coming without a bit of discomfort or distress? Bell-Ans has restored the pleasures of the table to thousands who say: 'I can now eat anything and plenty of it, too.'" The New York *Tribune* comments that such advertisement as this is not limited to the evil effects to the misguided individual who eats lobster and ice cream at midnight and trusts to Bell-Ans to atone for his indiscretion. The most serious effect of such reckless advice is the example which the advertising sets to other advertisers (*Jour. A. M. A.*, Feb. 23, 1918, p. 557).

ANTIPHLOGISTINE.—A. G. Gould, M.D., plant physician to the Goodyear Tire and Rubber Company, writes that after corresponding with the physicians in charge, he finds incorrect the claims of the Denver Chemical Manufacturing Company, regarding the use of Antiphlogistine by certain establishments. He asks: Is there not some way that such exploitation of our large companies can be prevented? (*Jour. A. M. A.*, Feb. 23, 1918, p. 557).

SYPHILODOL.—According to the French Medicinal Company, Inc., which markets the product, Syphilodol "is a synthetic chemical product of silver, arsenic and antimony . . ." Nowhere in the advertising matter is there a more comprehensive statement regarding the composition of this "new synthetic" than that just quoted. The produce is being examined in the A. M. A. Chemical Laboratory; the examination having advanced sufficiently to show that Syphilodol contains considerable quantities of mercury. Although the advertising leaflet claims that the preparation is "the formula of the late Dr. Alfred Fournier of Paris" and has been exhaustively tested by Metchnikoff, a careful search of French medical journals fails to show any report on Syphilodol (*Jour. A. M. A.*, Feb. 23, 1918, p. 559).

TROUSSEAU'S WINE.—This obsolete combination of drugs acting on the heart and kidneys is made by maceration of digitalis, squill and juniper berries in wine and alcohol, and adding potassium acetate to the expressed liquid (*Jour. A. M. A.*, Feb. 23, 1918, p. 559).

PYXOL.—This is a proprietary preparation somewhat similar to the compound solution of cresol of the U. S. Pharmacopeia. In 1915 Pyxol was declared misbranded under the Insecticide Act (*Jour. A. M. A.*, Feb. 23, 1918, p. 559).

LUMINAL.—Chemically, Luminal is phenyl-ethylbarbituric acid, and differs from veronal only in that one ethyl group is replaced by a phenyl group. Luminal is claimed to be a useful hypnotic in nervous insomnia and conditions of excitement of the nervous system (*Jour. A. M. A.*, Feb. 23, 1918, p. 559).

BOOK REVIEWS

THE MEDICAL CLINICS OF NORTH AMERICA. Volume 1, No. 3, November, 1917. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London.

This is the "New York" number. In this issue are contained a series of clinics given by some of the most eminent internists of New York City. The subjects presented cover a very wide range, and they all are subjects in which the great body of practicing physicians ought to be vitally interested. A volume such as this offers the physician an opportunity to get postgraduate instruction from some of the leading internists without leaving his office or his home. Every progressive practitioner ought, indeed, to take advantage of such an opportunity.

VOLUME VIII OF THE PRACTICAL MEDICINE SERIES FOR 1917. Pharmacology and Therapeutics. Edited by Bernard Fantus, H.S., M.D., Associate Professor of Medicine, Subdepartment of Therapeutics, Rush Medical College. Preventive Medicine. Edited by William A. Evans, M.S., M.D., LL.D., Ph.D., Professor of Preventive Medicine, Northwestern University Medical School.

The review by Fantus is unusually good. He gives a thorough and splendid résumé of the advances made during the year in our knowledge of pharmacology and therapeutics. In the 220 pages comprising his contribution much information, very useful to the practitioner, can be found.

The review of preventive medicine by Evans is as complete and splendid a contribution as is to be expected from an authority of the reputation this author has earned in this special branch of medicine.

ELEMENTS OF PEDIATRICS FOR MEDICAL STUDENTS. By Rowland Godfrey Freeman, A.B., M.D., Adjunct Professor of Pediatrics, New York University and Bellevue Hospital Medical School; Attending Pediatricist to the Roosevelt Hospital; Ex-President American Pediatric Society. Cloth, \$2.00. The Macmillan Company, 66 Fifth Ave, New York, 1917.

The title of this new book indicates its scope and purpose. Its aim is to present the elementary facts of pediatrics in direct, simple and concise language. No more is said than is really necessary. These features students look for in their elementary textbooks and appreciate.

In this book the author gives the student the information the latter needs regarding the characteristics of children and that bearing on the problem of keeping infants and children well by the proper feeding and care. This information, the author believes, the student should have before taking up the study of the diseases of infancy and childhood.

This is a very good book for the purpose for which it is tended. Students will find it of considerable value.

MILITARY OPHTHALMIC SURGERY. By Allen Greenwood, M.D., Major M. R. C., U. S. Army; G. E. de Schweinitz, M.D., Major M. R. C., U. S. Army, and Walter R. Parker, M.D., Major M. R. C., U. S. Army. 115 pages. Cloth binding. Price, \$1.50. Lea & Febiger, Philadelphia and New York, 1917.

This little book is one of the war manuals authorized by the Secretary of War and published under the supervision of the Surgeon-General and the Council of National Defense.

As stated by the authors, the book has been compiled with the idea of providing in condensed form suggestions that may be helpful to medical officers who have to deal with the special ophthalmic problems which arise in the daily routine of active army medical work, especially in dressing stations and hospitals throughout the war zone. The surgical methods described have proven their worth in the hospitals of the British army.

Excellent chapters on trachoma and common forms of conjunctivitis by Dr. George E. de Schweinitz, and that on the examination of malingersers by Dr. Walter R. Parker, form valuable additions to the book. There are a number of excellent illustrations, some in colors, that help to elucidate the text.

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ORIGINAL ARTICLES

THE APPLICATION AND INTERPRETATION OF THE NEWER EAR TESTS *

JOSEPH D. HEITGER, A.B., M.D.
BEDFORD

In 1907, when Barany published his well-known book, "Physiologie und Pathologie des Bogengangapparats beim Menschen," he had no idea of the relation between the vestibular apparatus and the cerebellum. In his plan of the mechanism involved in the production of nystagmus and disturbances of equilibrium the cerebellum had no place.

After a perusal of the works of Marburg and Bing, Barany recalled the analogy between the staggering and spontaneous nystagmus in diseases of the cerebellum and diseases of the vestibular nerve. Later, Cajal's book, "Histologie du systems nerveux de l'homme et des vertebres," edition francaise, 1911, impressed him with the fact that every root fiber of the vestibular nerve ends in the cortex of the cerebellum and on the way to the cortex of the vermis gives off collaterals to the cerebral hemispheres. Bolk's book, "Das Cerebellum der Säugetiere," 1906, convinced him that the cerebellar hemispheres control the innervation of the extremities of the same side. The works of Nothnagel, Pineles and Mann next came to his attention. Nothnagel, as early as 1876, had declared that disturbance of equilibrium arose only in diseases of the cerebellar vermis. Pineles and Mann emphasized the hemiparesis of the same side occurring in cerebellar affections. Barany then recalled that ataxia of the arm of the same side was of regular occurrence in cerebellar abscesses and cerebellopontile angle tumors. Through

Docent Sachs he was permitted to experiment with the Graefe touch test during vestibular stimulation. In this test the patient with an eye muscle palsy fixes an object and then with closed eyes attempts to again touch it. The patient overshoots the mark if a paralysis is present. The thought came to Barany, "How will a normal person react with an induced vestibular nystagmus?" Experimentation developed the fact that when a normal person has a horizontal nystagmus to the right he past points to the left, and vice versa.

Another question now arose in the mind of Barany. If in disease of the vermis spontaneous falling occurs, spontaneous past pointing should occur in disease of the cerebellar hemispheres; and if in disease of the vermis the normal falling reaction does not occur, so should the normal past pointing reaction fail to occur in disease of the cerebellum. Thus was the "pointing reaction" of Barany, as well as the relation of the vestibular apparatus to the cerebellum, developed. Only in the past few years have the results of Barany's labors, for which he was granted the Nobel prize in 1916, been placed on a practical working basis. This has been greatly augmented by American investigators of the subject.

The wide discrepancies in the results of after turning horizontal nystagmus, as determined by Barany, $\frac{1}{120}$ seconds, made its interpretation difficult to the average otologist. Mackenzie, whose investigations covered a period of eight years (1906-1914), reported findings in after turning horizontal nystagmus in normals in which the average duration was placed at twenty-four seconds and was found to be consistently near that figure. Jones and Fisher and their co-workers corroborated these findings with a variation of two seconds, their figures being twenty-six seconds. The work of these investigators placed the figure for the duration of after turning horizontal nystagmus on

* Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

a practical working basis. Barany had apparently fallen into errors which the above mentioned investigators were able to overcome and thus standardize their technic.

The usefulness of these newer ear tests has been greatly increased and their scope broadened by the discovery of Jones and Fisher that the pathways of the stimuli from the horizontal and vertical semi-circular canals undergo a central differentiation. Using this discovery as a working basis has resulted in clinical diagnoses which have checked up in a surprisingly accurate way with pathological findings.

The work of Cajal, in which he has shown histologically that the fibers from the vestibular portion of the eighth nerve enter Deiters' nucleus and thence proceed to the cerebellum through the inferior cerebellar peduncle, has been accepted. According to Jones and Fisher, these are the fibers from the horizontal canal, and they claim, further, that the vertical canals' fibers shunt Deiters' nucleus, passing to the inside, and ascend into the pons and in some undetermined center undergo a branching which they describe as a "Y," the vertigo fibers entering the cerebellum through the middle cerebellar peduncle, whereas the nystagmus fibers enter the posterior longitudinal bundle and are thence carried to the nuclei of the third and fourth cranial nerves. They also describe a "Y" in the branching of the horizontal canal fibers, one branch of the "Y" carrying the vertigo fibers through the inferior cerebellar peduncle to the cerebellum and the other carrying the nystagmus fibers which enter the posterior longitudinal bundle and thence proceed to the nuclei of the third and sixth cranial nerves.

The vertigo fibers from the vertical and horizontal canals meet in the nuclei of the cerebellum—i. e., fastigii, emboliformis and globosus—and proceed together, decussating in the crura cerebri, to the first and second temporal convolutions of the opposite side.

This work has given the ear a new position in clinical medicine. In the past the ear has been looked upon almost entirely as the sense organ of hearing, but in recent years its other function as the sense organ of the balance mechanism has proven to be of the greatest importance to the clinician. Ear stimulation can affect every part of the body musculature, and the connections of the ear with the nervous system are indeed intricate. These intricate pathways, when in a normal state, give certain normal responses when the ear is properly stimulated. If these responses are abnormal, we then know that these pathways are not intact.

The application of these newer ear tests gives results which are often of great value to the other branches of medicine in making diagnoses and determining the proper line of treatment. In such a paper as this space forbids going into great detail, but the tests have given us a method of analyzing vertigo or dizziness which has been a stumbling block for the general practitioner, internist and neurologist.

Vertigo is essentially an ear study, and while the ear tests do not bring out everything connected with this symptom, they at least give us a good working basis which enables us, in the majority of cases, to make a diagnosis and institute intelligent treatment. When a patient complains of dizziness the physician should give the ears the first consideration, and an analysis from this standpoint will usually lead to gratifying results in diagnosis.

The examination of the ear mechanism also gives information of great value to the neurologist in differentiating between labyrinthine and intra-cranial lesions and assisting in intra-cranial localization. The ear tests are not supposed to "make a diagnosis" for the neurologist, but they often can give data of great suggestive value in arriving at a correct diagnosis. To the surgeon they bring order out of chaos in intra-cranial localization, will often determine whether or not a case is operable, and no skull should be opened until the patient has had a thorough examination of his ear mechanism. To the syphilologist they offer additional data in the early diagnosis of lues; in the diagnosis of early involvement of the nervous system; assist in the recognition of neural recurrences; help in checking up therapeutic activity and efficiency, and in some cases determine whether or not a case is cured. The ophthalmologist can be materially assisted by these ear tests in the study of eye palsies: in the analysis of the cause of spontaneous nystagmus and in the determination of the degree of paresis or paralysis of eye muscles and eye movements. The otologist is not only of great aid to the other branches of medicine with these tests, but he employs them routinely in his own work in determining whether he shall or shall not operate upon the labyrinth, and whether he is dealing with a labyrinth, eighth nerve or intra-cranial lesion.

In making special examinations one should have a routine standard method to save time, obtain all the valuable data and then record them that they may be of value for reference and analysis. To record the results of an examina-

tion of the ear mechanism before Jones and Fisher gave us their valuable chart was a tedious and laborious procedure which necessitated much repetition. Such uncharted records, when used for reference and analysis, consumed much time and were disconcerting. I consider the chart, or one of its modifications, a great advance in the standardization of the Barany tests. The results of the tests, with their summaries, can be seen at a glance and quickly analyzed.

The hearing tests, as elaborated by Dr. B. Alexander Randall, give one a good idea of the hearing range, i. e., low, medium and high notes, and all the data necessary to arrive at a diagnosis. The Roosa modification of the Rinne test is used, and the Gardner-Brown test, which gives a Weber and Schwabach at the same time. The Politzer test determines the patency of the Eustachian tubes.

Much time can be saved by having the patient write the history of his complaints, with especial reference to dizziness, staggering, deafness and tinnitus. The rest of the first page of the chart is self explanatory. The second page of the chart gives the results of the tests of the vestibular apparatus in such a way that, as previously mentioned, all the data can be seen at a glance. The responses are classified under three heads: spontaneous, turning and caloric.

In order to carry out the turning technic properly a chair with a proper head rest and a stop pedal is necessary, preferably the American modification of the Barany chair. In the turning tests, with the head 30 degrees forward, the horizontal canals of both labyrinths are stimulated. In the caloric test, with the head 30 degrees forward, the vertical canals of only one ear are stimulated, whereas with the head 60 degrees back or 120 degrees forward the horizontal canal of one ear is stimulated.

To make the remembering of the normal responses easy Jones and Fisher have given us four laws:

1. The eyes are always drawn in the direction of the endolymph movement.
2. Vertigo is always opposite to the endolymph movement.
3. Falling always occurs in the direction of the endolymph movement.
4. Past pointing always occurs in the direction of turning.

In applying the tests one should not attempt to do too much at one visit, because the patient may "go to pieces" on your hands and refuse

to proceed with the completion of the examination. The caloric test is especially liable to be followed by unpleasant results. To avoid this, hot water at 112 degrees F. should be used, being careful to stop short of a reaction from the hot water. Instructing the patient to look toward the slow component of the nystagmus will also assist.

Several visits will be necessary to complete the examination. As a rule, normal cases can stand less than those presenting a pathological lesion. Usually everything on the first page of the chart can be completed at the first visit, and on the second page everything down to the caloric test. At the next visit one ear can be douched and on the following day the other ear, thus completing the examination, unless further douching is necessary and the galvanic tests are done.

Just a few words in explanation of the galvanic technic. An accurate milliamperemeter with a pole changer is necessary, also an assistant to control the current and its polarity, the latter being unknown to the examiner until he sees the nystagmus. The electrode should not be placed on the mastoid, as described by some writers, but rather against the tragus, which is forced against the external auditory meatus, with the ball of the cotton wound around the well moistened electrode. The nystagmus developed by the galvanic current is quite different from that in the turning and caloric tests, its amplitude being quite small. It is a slight rotary twitch, which must be observed very closely to catch its first development. The galvanic technic deserves more than has been accorded it, and everything depends on accuracy in its application if results are to be obtained.

Having completed the examination, the next thing is the interpretation of the findings obtained. The vestibular findings are always to be studied in connection with the tests of the cochlear division of the eighth nerve.

Hearing tests enable us to diagnose lesions of the middle ear and impairment or destruction of the cochlea, including the so-called nerve lesions. A lesion of the trapezoid bodies at the calamus scriptorius in the floor of the fourth ventricle produces a binaural deafness associated with or without glycosuria. Another central lesion, the so-called "word deafness," points to a lesion in the posterior portion of the first and second temporal convolutions. In the interpretation of findings in the vestibular mechanism spontaneous phenomena, such as nystagmus vertigo, past

pointing and falling, present themselves for consideration. Spontaneous vestibular nystagmus, horizontal or rotary, in itself has little localizing value. In an end organ lesion it occurs to the healthy side, and to the same side in a cerebellar lesion. Spontaneous vertical nystagmus speaks for a central lesion and is pathognomonic of brain stem involvement. No lesion in the labyrinth can produce a spontaneous vertical nystagmus. "Perverted" nystagmus—wrong kind but right direction—following ear stimulation, and "inverse" nystagmus—right kind but wrong direction—also point to a brain stem involvement. Loss of conjugate deviation indicates a lesion of the cerebro-ocular tract, which may be either nuclear or supranuclear. If, by ear stimulation, the eyes can be made to move in the direction over which voluntary control is lost, it proves that the lower pathways are open and the lesion is supranuclear. Conjugate deviation after ear stimulation points to an involvement of the fibers going from the cerebral cortex to the eye nuclei which transmit the fast component stimuli.

Generally speaking, spontaneous vertigo is more severe at the onset in a labyrinthine lesion and gradually becomes less marked, whereas vertigo, due to intra-cranial lesions, presents slight or no intermissions and gradually grows worse. The question to be determined in these cases is whether we are dealing with a transient irritation of the vestibular apparatus, a lesion of the end organ, the labyrinth itself, or a central lesion with an intact end organ. Space forbids going into the details following ear stimulation in such cases, but with the paths of the nystagmus and vertigo fibers of the vertical and horizontal canals in mind the location of any lesion present can be approximated.

In all intra-cranial localization one must ever remember that pressure and its effects can "spill the beans" very easily in diagnosis.

Spontaneous falling occurs toward the side of the lesion if the labyrinth is involved, and the direction of falling is changed by changing the position of the head, whereas if the falling is the same in all positions of the head, an intra-cranial lesion is suggested. In lesions of the vermis the "pelvic girdle reaction" of Barany is positive and the slightest push will cause the patient to fall. After ear stimulation nystagmus, vertigo and past pointing with both arms are normal, but there is an absence of the normal falling reaction. Persistent spontaneous past pointing indicates a cerebellar lesion, but

it in itself is not of great localizing value. Spontaneous past pointing with either arm to the right or left suggests a lesion of the outward or inward pointing center of the cerebellar hemisphere of the same side, especially when it persists and is not influenced by any form of ear stimulation.

After ear stimulation, if there is a proportionate impairment of responses, it usually indicates a peripheral or end organ lesion, while on the contrary disproportionate responses speak for a central lesion. A peripheral lesion of the labyrinth, or eighth nerve, is suggested by the following: A proportionate impairment of the function of the cochlea and the kinetic-static labyrinth; history or presence of tinnitus; proportionate impairment of the responses from the vertical canals and from the horizontal canal; a proportionate impairment of nystagmus and vertigo.

On the other hand, the following suggest a central lesion: Normal cochlea with impaired or nonresponsive canals; normal responses from the horizontal canal, but impaired responses from the vertical canals; normal responses from the vertical canals, but impaired responses from the horizontal canals; normal nystagmus, but impaired vertigo from the horizontal canal; normal vertigo but impaired nystagmus from the horizontal canal; normal nystagmus, but impaired vertigo from the vertical canals; normal vertigo, but impaired nystagmus from the vertical canals; normal nystagmus and vertigo from any semi-circular canal, but impaired past pointing in any direction of any extremity; normal nystagmus and vertigo from any semi-circular canal, but an impairment or absence of normal falling. As mentioned before, a spontaneous vertical nystagmus is pathognomonic of a brain stem involvement either by pressure or infiltration, as no lesion in the labyrinth itself can cause such a vertical nystagmus.

If the semi-circular canals of one side are nonresponsive and there exists a nystagmus to that side, it is suggestive of a central lesion. "Perverted" and "inverse" nystagmus, which have been previously described, also suggest the same thing. The labyrinth may give a poor response or none at all, but it never produces an absolutely false response.

If conjugate deviation is produced by ear stimulation instead of nystagmus, it is pathognomonic of a central lesion of the cerebro-ocular tract.

All of this work is as yet in the formative stage, and if we are to do it efficiently and intelligently and later "pool our ideas," we must apply a standard technic, if our comparisons are to be of value. The Jones-Fisher chart stands for a certain standard technic which appeals to me as the best we have at present for general routine application. It serves us as the radiograph does the radiographer in that when completed it is to be interpreted.

These newer ear tests offer us much, and I invite your best efforts to their standardization and the maintenance of such standards as shall be deemed advisable as advances are made.

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TONSILLECTOMY AND ADENECTOMY*

J. W. IDDINGS, M.D.
LOWELL

The purpose of this paper is not to contribute any new or original technic or to exploit any newly devised instruments, but rather to emphasize the fact, and particularly upon men in general practice, that the tonsil operation and removal of adenoids is not a simple procedure to be undertaken lightly and with no previous training.

When we attempt to discuss the function of the tonsil, we are getting upon a debatable and controvertible field. Why does it exist? Why has nature bestowed upon us an organ so prolific of harm? It must have, or have had, some function. You are all familiar with the theories that in early life the tonsil is a blood forming organ, manufacturing the red blood cells; that it is the source of the leukocytes; that it secretes an internal secretion similar to the thyroid; and the common but faulty impression among the laity that it is necessary to produce the tone of voice, particularly the singing voice. The most commonly accepted, and to me the most plausible, theory is that the function of the tonsil is that of protection, and particularly in infancy and up to the age of 6 or 8 years. At birth the gland is small and reaches its full development at about the age of 6, and then begins to atrophy. I am speaking of the normal gland. If this theory is correct, great conservatism should be used in advising removal of the tonsil before the age of 6 years.

The adenoid consists of the same lymphatic tissue as the tonsil and is arranged in three or more lobes in the vault of the nasopharynx. At this point I would like to point out that the only definite and certain method of ascertaining the presence of hypertrophied adenoid tissue in the young child is by digital examination. It is a simple matter to grasp the child's head with the left arm, compress the cheek between the teeth with the thumb of the left hand to prevent the patient from biting your finger, and insert the index finger of the right hand behind the soft palate. It can be done in an instant and gives you more accurate knowledge than can be obtained with the mirror in an hour, even if you are able to see at all.

If we accept the theory that the tonsil acts as a sentinel to the human organism up to a cer-

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tain point in life we also must ascribe the same function to the adenoid. I believe it well to mention that every child has adenoid tissue in the nasopharynx, but unless there is some positive evidence that there is hypertrophy or pathological condition the mere presence of adenoid tissue, particularly before the age of 6, is no indication for removal.

The symptoms and indications for the tonsil and adenoid operation may be divided into local and general. The mere presence of nondiseased enlarged tonsils is no indication for removal, unless they are mechanically causing disturbance of the speech, deglutition, or pressure on the posterior pillar with enough force to disturb the circulation of the eustachian orifice. It is well known that the small tonsil that is hardly visible unless the pillars are retracted may be a much more prolific source of trouble than the large one. In other words, the size is no criterion.

Repeated attacks of acute inflammation, with the attendant prostration and danger of secondary infection of heart, joints or kidneys, inflammation of eustachian tube, middle ear, the sinuses, peritonsillar abscess and cervical adenitis, are certain indications for removal.

The general or constitutional conditions which are the results of local inflammation of the tonsil and adenoid have been kept so constantly before us during the last few years that every case of arthritis, nephritis, endocarditis and general sepsis is an imperative demand that the throat be rigidly searched for points of infection and these foci removed if there are any existent. I believe, as time goes on, that the advice of Billings to remove the tonsils if they are the cause of the infection during an acute nephritis or endocarditis will be more generally followed.

A case recently seen, with a generalized arthritis, an endocarditis and pericarditis, following an acute infection of the tonsils, did not improve after two weeks of the usual treatment. The hospital records show that for the first fifteen days the temperature ranged from 101 to 105 and that when she was taken to the operating room at 10 a. m. the temperature was 103. At 8 p. m. temperature was 100.5 and for the twelve succeeding days never reached 100. The heart and joint infection improved immediately.

Much has been said about the tonsil as an entrance for tuberculosis. Judging from the recent literature the trend of opinion seems to be that, with the exception of the tubercular glands of the neck, the tonsil plays an unimportant part in general tuberculosis.

The relation of tonsillar infection to exophthalmic goiter has been emphasized recently and I believe with much reason. A patient had an acute tonsillitis in 1904, followed by an acute thyroiditis. For nine years thereafter she had repeated attacks of throat infection, accompanied by symptoms of hyperthyroidism, culminating in a typical attack of exophthalmic goiter in 1914. The thyroid gland was removed, with the exception of part of one lobe, but the toxic symptoms persisted. Six months later small buried tonsils were removed and the tachycardia and nervous symptoms improved.

Summing up the evidence we must be convinced that the tonsil is undoubtedly the greatest factor in focal infection.

As to the enlarged adenoid, the case against it seems so conclusive, not only from the physical but the mental side as well, that an overwhelming verdict for its excision must be understood. And still we hear of cases of acute and chronic otitis media treated with drops and other methods; of mouth breathers having the arch spread by the dentist; of chronic nasal infection sprayed by the spray artist; of mouth breathers being advised by their physician that the condition will be outgrown, and may be cured by strapping the jaws. All these conditions, and more, are being treated in a symptomatic way, if you can call it that, without investigating or treating the real cause in the nasopharynx.

The symptoms have been repeated so often that it seems hardly necessary to enumerate the most prominent ones. Mutilation of the facial appearance and mouth breathing are typical. Add to these unfortunate conditions nasal infection, deafness, otitis, mastoiditis, deformity of thorax, insufficiency of the lungs, increased tendency to tuberculosis, lower resistance to infectious diseases, troubled sleep, snoring, under development, interference with the pronunciation of certain consonants, asthma, headache, chorea, convulsions and, of equal importance, if not the greatest of all, the effect on the mental and moral development.

Surely, besides the diseased adenoid, there is no other affection of childhood so common, so far reaching in its malign influence upon comeliness, comfort, health and usefulness. And this condition occurs in 25 to 30 per cent. of all children up to the age of 15. It may seem that the foregoing description of symptoms and indications is a rather circuitous route to reach the topic of this paper, but if the operation is important it is equally important to know why it is done.

By tonsillectomy and adenectomy we understand the complete removal of tonsils, including capsules, and complete removal of adenoid tissue. Why complete removal? Why not only diseased portions? First, we are unable to select the pathological tissue alone; second, to avoid recurrence; third, as Billings stated, "Tonsillotomy may add a sealing scar to infected tonsillar stumps." And last of all, and a very important reason, to retain your patient's confidence and respect. If you are consulted by a patient with tonsillitis and advise and propose operation, or if you suggest that the child with adenoids should have them removed, and you are allowed to do so, it is extremely disconcerting to have the patient return a few months or a year later with a tonsillitis or symptoms of adenoids.

The preparation of the patient before the operation is equally as important as preceding any major operation. Needless to say, the urine should be examined, the chest gone over, and if there is any doubt or suspicion of the patient being a bleeder, calcium lactate, 40 to 60 grains a day for three days preceding the operation is given.

It would hardly seem necessary to say that the anesthetic administered is ether were it not for the fact that we constantly see and hear of chloroform being used. In my opinion the man who uses chloroform is adding to the risk of the patient by about 50 per cent.

We frequently hear of disastrous results following operations because some condition was overlooked. A boy, aged 16, with a pronounced anemia, thought due to tonsillar infection, was upon the operating table, about to be anesthetized, when a report of the urine was asked for by the anesthetist. As no examination of the urine had been made, the patient was returned to his room, and a microscopic examination of urine showed large quantities of blood. This later was demonstrated to be a tubercular nephritis, from which the patient succumbed. An operation in this case would not likely have been beneficial to the patient.

In my work the patient is anesthetized to deep anesthesia, or until the pharyngeal reflex is lost. This is important, I believe, not only because the operation can be done better, but because it is safer for the patient. After complete anesthesia is obtained the patient is turned on the right side, with the right arm behind him, the head supported by a sandbag, allowing the face to be directed downward so that the blood will run out of the mouth instead

of being swallowed. The lower or right tonsil is separated from its pillar with blunt scissors, curved on the flat. After a nick is made in the plica tonsillaris the scissors are pushed between the anterior pillar and the tonsil and the blades forcibly separated. This procedure repeated in the supratonsillar fossa usually exposes the capsule. The tonsil is then grasped with the forceps, being careful of these things: First, that the bite is high, engaging the supratonsillar lobe; second, that it is deep, avoiding pulling out; third, that no part of the pillar or uvula is caught in the forceps. The tonsil is pulled down and out, anterior pillar further freed and the tonsil rotated on its base, so that the posterior pillar may be separated. It seems important to me to separate the pillars as much as possible before grasping with the forceps, in order that the relations be not disturbed. The wire of the snare is then threaded over the forceps, the wire being pushed around the tonsil with the finger, if necessary. The uvula is examined to see that it is not caught. The wire is then drawn down until the tonsil is engaged, and by a tourniquet action slowly removed. Slowly, because if the blood vessels are crushed instead of quickly cut there will be less hemorrhage. Immediately a sponge the size of an English walnut and made of cotton covered with gauze is grasped in curved forceps and placed in the tonsillar fossa and pressure exerted for two or three minutes while the ether mask is reapplied. The upper or left tonsil is next removed in the same manner.

The Laforce adenotome is used to remove the adenoid. Stubbs' modification of Gotstein's curet, or a piece of gauze around the finger, is valuable in removing tags, if any remain. Curved forceps, with a ball sponge is pushed into the postnasal space and pressure exerted from three to five minutes.

The ordinary time consumed by this method is from ten to twenty minutes. The time consumed in exerting pressure is time well spent, because it prevents hemorrhages. The amount of blood lost rarely exceeds one or two ounces. This is important, because I have seen several cases which required from six to eight months to recover from the loss of blood.

It is well to remember that hemorrhage from adenectomy is in many cases of greater volume than that resulting from tonsillectomy. The Sluder method, in my hands, has been successful only in the larger and pedunculated tonsils. In the buried and small tonsils the dissection and snare are preferred.

The same method as outlined is used in the operation under local anesthesia. One half per cent. novocaine in one to ten thousand epinephrin is injected behind and not into the tonsil at its upper, middle and lower portions.

In the after treatment the patient is kept in bed twenty-four hours at least; liquid food prescribed; cold applications to throat; no gargling or swabbing allowed. It requires eight to ten days before the throat is healed.

There is nothing original or unusual about the method described. I am aware that some operators prefer the upright, the Rose, and supine positions, that gas or other anesthesia may be used; that different instruments are advised. Operations have been seen which consumed only three or four minutes, but I believe the extra time spent in being careful to avoid injury to tissues other than the tonsil, and to stop all hemorrhage, is invaluable.

It is not contended that this is the only or best method. Each man undoubtedly does best with that method with which he is most familiar.

In an operation that is looked upon as a trivial affair, a simple procedure that has no danger and that may be performed by any and every one, it is well to inquire if there are any complications. It is unfortunate that we are prone to report our successes and hide our failures, and particularly so with the so-called minor operation of excision of the tonsils.

The complications may be divided into those occurring during the operation and those occurring later, or postoperative. During the operation the anesthesia is very apt to be a cause of trouble if not properly administered, and more so in this procedure than in operations of the abdomen or elsewhere, on account of the fact that it must be given intermittently. Allowing the patient to partially awaken and then inducing anesthesia is more dangerous than a straight anesthesia with no intermission. The patient should be in deep anesthesia before the operation is started. Rather frequently we see cases in which the operation is started, the patient struggles, more anesthesia is given, another start is made, and the same thing continued. This is dangerous to the patient and consumes time. Many of these operations last one or two hours, as one I witnessed a few weeks ago. Severe hemorrhage occurring at this time most frequently means that the pillars have been injured or the capsule of the tonsil has not been followed closely. It may be due to the injury of an artery aberrant in its course, but usually is venous oozing. It always has seemed to me

that the majority of these cases that I have seen were due to faulty and unskilful technic.

An observer would be led to believe, from the treatment adopted in these cases, that the treatment of hemorrhage in the throat is radically different from that elsewhere. Instead of applying styptics and all the other so-called hemostatic drugs, it would seem rational first to apply pressure with a dry or hot wet sponge. Failing in this, the anterior pillar should be retracted and the tonsillar fossa examined carefully to detect and grasp the bleeding points, or remove any tags of tonsil which may have been left. A suture or ligature is not more difficult to apply in the tonsillar fossa than in deep abdominal surgery. The tonsil clamp should be applied as a last resort, because it is painful and liable to cause necrosis and infection, as in two cases personally seen.

Anyone who is a regular attendant at a general hospital must have seen several of these hemorrhage cases and observed too often the frantic and excited efforts of the operator. Recently, in a case of this kind, by actual count 180 tonsil sponges were used in a vain effort to control hemorrhage, when steady pressure with one in each fossa would have been much better.

The uvula may be caught in the snare and amputated. This may be avoided by having a clear field and seizing the uvula with fine artery forceps before applying the snare. Two such cases comprise a part of my records and, like an ill-corrected fracture, they are always in plain view to remind you of your carelessness.

The post operative complications: *First.* The most dreaded and most frequent complication is postoperative hemorrhage, and when we remember that we are severing arteries of a size that would cause us to ligate if elsewhere, is it a wonder that it is feared? Hemophila in hemorrhage, and status lymphaticus in anesthesia accidents, are convenient cloaks behind which to hide our failures. Faulty technic, injuries to surrounding structures, haste in the operation and faulty anaesthesia are more frequently the cause of accidents, I firmly believe.

Second. General sepsis would seem to be frequent, when we consider the fact that such large open wounds are left free to be bathed with the bacterial flora that is contained in the buccal cavity. But the tissues of the mouth seem to have an unusual resistance against infection. Good drainage and the avoidance of operative interference during acute infection, are probably factors in its rarity. While a few

cases are reported in the literature, probably many others occur. I have seen three during an internship in a general hospital. One succumbed and the other two recovered after a long convalescence, complicated with an edocarditis.

Third. The occurrence of pneumonia, pleurisy, infarct, infection and abscess of the lung is not frequently reported as sequelae, but there have been a sufficient number of cases reported to indicate that this is not an infrequent complication.

Fourth. Infection of the middle ear, of the cervical glands, pharyngeal abscess, spasm of the glottis are occasionally manifested, but as they are looked upon as only an incident in these cases, they are seldom reported.

Fifth. Injury to the pillars, soft palate and surrounding structures, resulting in cicatricial contraction, are common results of operative work on the tonsil. These are the cases that have led the laity to believe that tonsillectomy is harmful to the speaking and singing voice, and of which Dr. Hudson Maquen writes: "I have been amazed at the apparent disregard for the surrounding structure with which much of this work is done."

The sacrifice of one or more pillars of the palate and the uvula seem to give some operators no concern whatever, and the results upon the voice and speech have been, in some cases, not only disastrous but altogether irreparable. A case in point: My niece, aged 8 years, was operated on by a man who has rather a wide reputation and who contributes frequently to the medical press. Not recovering as well as the parents wished, some weeks after the operation they took the child to him for examination. He assured them that her condition was satisfactory, but a continued swallowing and occasionally vomiting caused them to consult another physician. He states: "Portions of tonsil partially severed and hanging in the throat; when the child swallows this drops down below the base of the tongue. Both anterior pillars, uvula and large part of soft palate gone. Palatine arch a mass of cicatricial tissue." This history is related not to belittle or criticize the operator's ability and honesty, but rather to emphasize the fact that if a man who has the opportunity for such wide experience has results like this, how must the general practitioner, who only operates occasionally, be treading on dangerous ground?

Sixth. Recurrence of tonsils and adenoids. It is a very common occurrence to have patients tell you that they had tonsils and adenoids re-

moved, but they "grew in again." Is this possible? If the tonsil is removed in its capsule and no glandular tissue remains, you may safely say it will not return, but if small masses of tonsillar tissue are left, hypertrophy may occur, causing these masses to enlarge, but seldom ever approaching in size the original tonsil.

It was formerly thought this would hold good for the adenoid as well, but there is no doubt that there are some cases in which, even though all the visible or palpable adenoid tissue is removed, there will be a recurrence. A plausible explanation attributes this to the fact that some of the glandular tissue dips down between the muscle fibers and in certain individuals of a lymphatic tendency attains original size.

A complete physical examination preparatory to operation is the exception rather than the rule. With like preparation for the majority of other operations, we would expect a high mortality rate. Why it is not high in this procedure seems providential to me.

It has been my unfortunate experience to have witnessed one death from ether anesthesia in a hurriedly conducted clinic, one as the result of criminal ignorance of a supposed specialist who injected one hypodermic full of 1 to 1,000 adrenalin into each tonsil after the patient was anesthetized.

In a series of several hundred tonsil and adenoid operations the following complications were experienced: Of the first sixteen operations in 1907 and 1908, with the tonsillotome and knife, two rather profuse hemorrhages occurred, one during operation and the other ten days later during the night, while the patient was asleep. In this case a small necrotic area was visible, the result of infection with an erosion into the artery. Four of these cases have at least half the tonsil remaining and have had attacks of tonsillitis and peritonsillitis. One case nearly succumbed during a chloroform anesthesia, which the patient's physician insisted on giving. It was such a startling lesson that chloroform has never been used since. The next 152 cases of combined tonsil and adenoid operation were operated while acting as an intern in a hospital. No record was kept of simple adenectomies. In one case the uvula was removed, four cases of otitis media, two slight hemorrhages and one low grade infection of tonsillar fossa and cervical glands were witnessed during the patient's thirty-six hours at the hospital. These cases were all operated with the snare after first separating the pillars with the knife. Three hemorrhages during opera-

tion have occurred in those cases operated since 1908. The bleeding point was ligated in two and stopped by pressure in the third; acute suppurative otitis media followed the operation in one case, but cleared up in a few days. No fatalities have occurred.

The procedure in many cases has proven most beneficial, both in acute and chronic infections, as well as in many systemic infections where indicated. The result is great and lasting and often gratifying to patient and physician.

The point that I wish to bring out is that many men do not consider the tonsil operation as it should be considered. The patient is not often given the careful consideration that is given the laparotomy patient.

CONCLUSIONS

Those men specializing in laryngology have a duty to perform in educating the laity and profession that (1) The tonsil and adenoid operation is not a trivial operation, but one which may be attended with serious, even fatal, consequences.

(2) That definite indications should be present before it is advised or attempted.

(3) That it should be undertaken with the same care, the same skill and caution that is displayed in any major operation.

DISCUSSION

DR. GEORGE W. SPOHN, Elkhart: Every member may have a different operative technic, but we all arrive at about the same results. It matters not so much how the tonsils and adenoids are removed if the work is done right, thoroughly, expeditiously, and with no injury to the adnexa.

I desire to compliment the essayist on the care of his patients before and after operation; also on his attentiveness to little things out of which evolves the general whole.

I like to divide the tonsils and adenoids into three periods: first, the period of obstruction; second, the period of sore throat or hyperemia, and third, the period of infection. The children with no tonsils (adenoids, *per se*) rarely ever have any of the diseases due to nasal obstruction. This is illustrated in the children of the Indians and Eskimos. The first or obstructive period refers to nasal obstruction which is the chief cause of the many pathologic conditions that are ascribed to tonsils—adenoids. During the sore throat or hyperemic period there are periodic exacerbations of fever, malaise, headache and constipation. These are Nature's methods of attacking the streptococci that have invaded the general system. The repeated at-

tacks of sore throat seem to atrophy or at least change the tonsils. The glandular tissue in part gives away to connective tissue.

During the infectious period the patients suffer but little if any with sore throat. The patient's nasal breathing space has grown larger; but the cause of the infections dates back to childhood. Because the attacks of sore throat have ceased it is often difficult to make patients understand the need of tonsillectomy and adenectomy. Some two or three years ago there was a feeling with many of the profession that the subject of tonsillar infections was being overdrawn, and that the pendulum was swinging the other way. But this cannot be true because the subject is being worked out in laboratories, clinics and discussions more than ever. The deeper the investigation the more we learn of the etiology of many diseases. The few skeptics who have not profited by the laboratory and clinical reports fail to give their patients the benefits of the work that has been done.

The indications for removal, as suggested by the essayist, are divided into local and general. It has been my experience, during the past thirty years, that in children the tonsils and adenoids interfere with normal respiration and cause many local diseases; but in adults this is true only in a very few cases. In adults the obstructions to normal respiration are generally found in the nose. The general or constitutional indications are many, but because of improper differential diagnosis many tonsils are removed with no improvement of the physical condition of the patients. If the surgeon is certain that the tonsils and adenoids are the cause of the obstructions to proper nasal respiration, ear diseases, nasal diseases, eye diseases, arthritis, nephritis, cardiac diseases or any other constitutional conditions, then remove the offending parts; but to operate by elimination; that is, remove one part of the anatomy, then another and another without careful study of the case, is merely guess work. The "end results" of failures and poor surgery, in the eyes of patients, discredit the many brilliant results in properly indicated operations.

Limited time will not allow an explanation, but adenectomy does not necessarily stop mouth breathing. The success of an indicated operation depends on the patient's breathing through the nose. Patients and their families should have instruction along this line before and after operation. An indicated tonsillectomy and adenectomy, properly done may prove unsatisfactory because the patient has no postoperative knowledge. This is illustrated with a recent case that came to me suffering with hemorrhages and infection. The operation was performed ten days previously by one of Chicago's best operators. This was no fault of the indications,

or of the technic, but of the postoperative treatment.

I cannot agree with the essayist that the "most dreaded is hemorrhage." With the preparation of the patient before the operation, with the proper shelling out of the gland and not injuring the adjoining tissue, there can be but little hemorrhage. It is well to enquire if a case is a bleeder, because all cases of hemophilia need special attention. Even with hemorrhage it seems to me that with compresses, ice, hemostats, union of the pillars and serums even bleeders should be operated with impunity.

During the last twenty-five years tonsils have been removed for the cure of rheumatism, anemia, cardiac diseases, nephritis and divers other diseases; but not until the last few years did we know the etiology of many diseases which we now call infectious diseases. Credit is due to our laboratory workers for the progress along this line. In focal infections, Billings says: "Infection of the digestive tract, may be prevented . . . by obliterating the sources of the mucopus in the throat and nose." Every operator has noticed many cases, taking anesthesia in the morning even without any food or drink in the stomach, vomiting a seromucus or seropus that was swallowed the previous night.

It has been asserted that in serious diseases of the heart, rheumatism or any acute infectious disease, tonsillectomy is contraindicated. The removal of the tonsils during an attack of acute rheumatism usually does not modify the clinical course of the disease. It is claimed that operation will cause an inoculation of the patient with streptococci, and will retard the recovery. I have observed that if operated cases are followed up with autogenous vaccines, recovery will be rapid. If the vaccines are given for a period of a few weeks before operation recovery will be very satisfactory following tonsillectomy, even if the patient has an acute constitutional disease.

Flexner and other investigators have asserted that the atrium of infection in poliomyelitis is through the mucous membranes of the nose and throat. To the tonsils and adenoids are usually ascribed the chief sources of infection. Reports of epidemics of polio indicate that practically all patients never had their tonsils and adenoids removed. The few patients recorded that had tonsillectomies and adenectomies, prior to exposures to infantile paralysis, recovered speedily and with no ill results. In Dr. Seydell's report of Cook County Hospital, after the recent Chicago epidemic, he states, "In approximately 25 cases of infantile paralysis in which the temperature remained high and the paralysis was progressing, tonsillectomy was performed. No deleterious effects were observed in any of the cases; on the contrary, it was found that following tonsillectomies the temperature abated,

and the convalescence was rapid. The results were so striking in some of the cases that Dr. Rosenow suggested the advisability of removing the tonsils in this type of cases."

I have observed three cases from whom the tonsils and adenoids were not removed: that following severe attacks of infantile paralysis, the tonsils and adenoids atrophied very rapidly. This may indicate nothing, because it is generally known that following any severe infectious disease as typhoid fever, spinal meningitis, etc., the pharyngeal glands atrophy rapidly.

The end-results of good, indicated tonsil-adenoid work are satisfactory to both patient and physician.

There are many things in rhinology and otolaryngology that are worth considering, but the greatest of all is proper nasal respiration. It has been said that the word "catarrh" was a misnomer. The nasal respiration should be so perfect, in both nares, that all the serum, excessive mucus, seromucus and nasal and pharyngeal exudates would be evaporated by the air passing through the nostrils. Then there could be no so-called "catarrh."

DR. M. RAVDIN, Evansville: In preparation I do about the same as the essayist, but a little more. One-half hour before the child or adult is operated on I give him an injection of 1 c.c. of pituitrin to increase the coagulation properties of the blood. Children up to 12 or 15 years I give about 1 mm. of pituitrin for each year of the child's age. Coagulation begins in from three and one-half to four minutes. I have used this in 250 cases.

For two or three days prior to the operation, whether adult or child, take the temperature at least five or six times a day. If there is a rise in temperature-I do not operate until I find out the cause of this elevation. I had one case where scarlet fever developed after a tonsil-adenoid operation, so after that lesson I do not operate until I am sure that the child can stand the operation.

I use ether mostly in children. I would like to have a really good man give gas, but we do not have such a man in Evansville.

I do not use novocain and adrenalin. I have watched the deaths that occurred on the operating table in tonsillectomies, and they have nearly all been patients who have been given novocain and adrenalin. I have done over 2,500 tonsillectomies, and I have been fortunate enough not to have had a fatality—and never have had a severe hemorrhage. I did have one that had a hemorrhage and pneumonia developed, but that is one out of 2,500.

If you use a suction apparatus you will not have many fatalities, because you prevent aspiration of blood into the lungs. You always will get some blood. Canfield made a series of examinations of lungs after tonsillectomies, and

found blood in the lungs in every case, but it is limited if the apparatus is used and coughing usually expels it. But if you have a lot of congested material aspirated, then you have subsequent pneumonia. So if you use the suction apparatus you prevent pneumonia. Then again, if you use sponges, and you use too many, you produce a superficial necrosis, and bad results will follow.

After I remove a tonsil I produce pressure with a sponge saturated in 50 per cent. iodine, and in two or three minutes the hemorrhage stops.

The more we perfect our technic, the more we know about the case and the more care we take to prepare our patients, the fewer pillars will we mutilate. I always prepare my patient for a week or two before. I never operate within six or eight weeks after an acute attack of tonsillitis, and often wait a longer time.

One sign that has guided me in the recognition of small, impacted tonsils is that they do not have that pinkish color of the surrounding tissue, but the anterior edge is a deep blue. Always in those cases you will find a pus tonsil underneath, no matter how small.

Dr. Iddings said he used after-treatment, and so do I, but not much. I would not advise the use of a gargle immediately after operation. The ice bag is kept on for eight hours. The following morning the patient, if adult, is given a hot soda gargle; then I give him nothing else, just let him alone and let Nature have a chance. Of course, we watch the elevation of temperature. I have not often seen a high temperature after a tonsillectomy, and the next morning it is all over. We keep a patient in the hospital about twenty-four hours, then let him go.

As to the voice, one thing may happen, gentlemen, and the voice will be impaired for a while, and it will not be the fault of the operator; that is, it will not be because he has removed more than he should—he may not have touched the pillar or palate. If the patient was not thoroughly anesthetized when you began, the palate contracts and the pressure produces a temporary paresis, and it takes six weeks to get over it. It will disappear with a little strychnia, or if you will put a bit of gauze in back of the palate it will contract down on that, and you will not have that trouble.

DR. GEORGE F. KEIPER, Lafayette: I want to take issue with the doctor in regard to the Sluder method. With the Sluder method you can get 90 per cent. of your tonsils very easily. But unless you are willing to go to Sluder or to someone who has mastered his technic, you will find it impossible to do the work right, especially because you must learn to use your left hand. In the Sluder method you must use your left hand as well as your right.

With reference to after-treatment, it is a case

of the patient—patients differ. But you must remember that in this operation you uncover a good deal of the surface of the throat, and naturally it will be a source of contamination that may produce infection. So it is my custom to use the suction apparatus. I prefer it because it eliminates the ether at the same time we are getting suction. But if you use a gargle of bicarbonate of sodium or normal salt solution, you simply dissolve off that fibrin coating that should be left there to secure healing. Leave that coat of fibrin until it comes off.

I have never seen an organized clot, spoken of as simulating a stump of tonsil not removed, but I have seen this happen—an overgrowth of granulation tissue taking place there. We get a similar condition in an open wound sometimes, and that is proud-flesh. But this is not proud-flesh in the throat, it is granulation tissue.

As to the preparation of the patient, a patient should go into the hospital a reasonable time before the operation. I do not like a patient brought in at seven, to be operated at eight. It is too dangerous.

We all like to get good breathing in these cases, but do not always secure it, and the reason is that we sometimes have a high arch which is pushed up so that the posterior nasal openings are not large enough to secure good nasal breathing. The dentist can be of assistance in some of these cases. Indeed, it is necessary that a man be a sort of mixture of surgeon and dentist. We have in our city a free clinic for children who cannot afford to employ dentists, and this has been a great help. It is one of the best investments that a schoolboard can make, to have a free dental clinic for poor children.

DR. W. A. HOLLIS, Hartford City, Ind.: I am unable to see the necessity of complicated mechanism and machinery for use in tonsillectomy, especially the complicated suction apparatus for removing the blood. I think that the danger of aspiration, and the danger of lung complications from aspiration of infectious material, or from the ether, is very greatly exaggerated—especially the aspiration of infectious material, or the danger of suffocation from inhalation of solid particles. I think if the operation is done in the Trendelenburg position there is sufficient drainage, and the field is sufficiently clear, so that it is absolutely impossible to have such an accident if you are careful in preparing the patient. The average tonsillectomy should not be a bloody operation, and I venture to say that with practically all of you men it is really not a bloody operation. After you have enucleated the tonsil with its smooth capsule, you can then insert a pledget of cotton, and you can see where you are, and where you will have blood, and in two or three minutes it is all over.

I think a great deal of our fear, if there is

such a thing, comes from a knowledge of the statistics from institutions, covering charitable cases, and where the operations are usually done by assistants or interns. I have seen operations in institutions that were positively appalling.

The doctor in his paper speaks of age. As I look on it there really is no age limit for adenectomy or tonsillectomy. If the case that comes to you has diseased tonsils or adenoids, then the invitation is for removal, if it is only in a six-months'-old child. I take exception, however, to the statement of Dr. Heitger. I think the tonsil has a function, and a very important function, and I do not believe in removing the tonsil that is not diseased unless it is very, very large, and we do not see many that are too large. I would rather say to the person with adenoids that he had better have the adenoids removed, that it is a slight operation, and by getting rid of these adenoids the tonsils may never bother him. If the tonsil is smooth and hard, leave it there; the child needs it.

The doctor speaks of digital examination. While it is a fact that it is the very best way to determine the amount of absorption and size of the adenoids, yet it is a very painful thing and causes a great deal of discomfort, and if the child needs an operation, or if the adult needs an operation, you may not get to do it. Someone else may do it who does not make a digital examination. I believe that the digital examination should be made before the adenoid is removed, but after the patient is asleep, for the reason that then you can ascertain the size of the adenoid. Then when you have made its removal and your curetment, you can do it all without leaving scar tissue or damaging the pharyngeal wall.

DR. JOSEPH D. HEITGER, Bedford: In regard to infectious diseases following removal of tonsils, the report of the schools in San Francisco, given by Dr. Cullen Welty, shows that in five years they have not seen a case of diphtheria or scarlet fever develop in a schoolchild who had had his tonsils and adenoids properly removed. I have yet to see a single case that has been damaged in any way by the proper removal of tonsils and adenoids, and I can point to hundreds of cases which have been greatly benefited by the procedure.

DR. J. H. IDDING (closing): I realize that I presented a rather well worn subject. I was led to do so, however, by the fact that I have seen a lot of tonsillectomies badly done by general practitioners. I do not agree with some of the gentlemen who say that hemorrhage is not to be feared. You would not say that if you were to go in some of the large Chicago hospitals and see there some of the frightful cases of hemorrhage about once a day. I have seen a patient in bed with tonsil clamps in his throat from

one to three days. What I tried to bring out in the paper was that the tonsil operation is not such a little affair as a great many men think it is, but that it really requires considerable skill and should be entrusted only to those physicians who have been specially trained for the work.

I did not mean to state that the tonsils should be removed during an acute infection. The cases I mentioned were observed by two men on the staff of one of the large hospitals in Chicago, one of whom was a professor of internal medicine and he was watching the cultures taken from a tonsil for several days, and noticed the rapid progress of the disease before removal. These cases had temperature constantly even before the infection was advanced, so it seems to me that the removal of the tonsil in that case certainly was advisable, because all the symptoms immediately subsided.

I have seen a large number of experimental coagulation tests, and sometimes they are all right; but I do not think they afford adequate information that you can rely on. Sometimes the case that gives the most positive coagulation test will bleed easier.

As to the Sluder method, I did not state that it was an easy method, but I stated that it may be so in the hands of skilful men who are acquainted with the operation.

As to the danger of removing tonsils and adenoids in a young child, perhaps I am misunderstood. I think it is perfectly right to remove the tonsils if there is indication, no matter what the age of the patient; but I do think that there seldom is indication for such an operation in a very young child.

CHRONIC CONSTIPATION

TYPES, ETIOLOGY AND TREATMENT *

WILLIAM H. FOREMAN, M.D.
INDIANAPOLIS

In certain portions of the gastro-intestinal tract occurs a crowding together or retardation of its contents, which constitutes constipation or stasis. This retardation occurs principally in the colon and rectum, although there may be œsophageal, gastric, duodenal or iliac delay. Colonic delay occurs especially in the cecum and ascending colon and pelvic colon, although there may be retardation at the hepatic and splenic flexures. Rectal delay, as the term indicates, occurs in the rectum.

We may thus designate, according to the por-

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tion of the colon involved, two main types of constipation: (a) that occurring in the distal colon and rectum; (b) that occurring in the proximal colon. It has been demonstrated that one of these types of constipation rarely exists without the other.



Fig. 1.—Dilated and atonic cecum and ascending colon (C); spastic transverse and descending colon, showing haustra and haustral contractions (S H); pelvic colon (PC), showing long mesentery.

Delay in the distal colon or rectum is called pelvic, rectal or dry constipation, or dyschezia, and here defecation is inadequate (infrequent or incomplete, or both). Delay in the proximal colon is called cecal or wet constipation, and here occurs cecal, appendical and ileocolic valve disturbances and marked intestinal toxemia.

In certain inherited, acquired or diseased conditions there occurs a laxity of the entire musculature of the colon, resulting in a lack of tone or propulsive power; here the entire colon is dilated, the musculature weakened, the haustral markings indistinct, and retardation occurs along the entire course of the colon. To this rather infrequent type the term atonic constipation has been applied.

As early as 1830 John Howship of London describes how in many cases of constipation, "the constipation does not so much consist in a defective power of contraction in the whole extent, as in a deficient freedom of relaxation in some one part of the intestinal canal." More recent study and observation especially by means of the roentgen ray have confirmed Howship's observations, viz.: that in most cases

of chronic constipation we have spasticity and hypertrophy of the distal colon, and atonicity and dilatation of the proximal colon and rectum.

We may thus classify the types of chronic constipation anatomically into proximal, distal and rectal constipation; or physiologically, which is the more practical from the clinician's standpoint, into hyperkinetic and hypokinetic constipation. Of the hyperkinetic type we have the purely spastic, or the mixed or dyskinetic type, which is far more common. The hypokinetic type is most frequently designated as atonic. To these purely medicinal types of chronic constipation we may add a surgical type, due to adhesions, bands, kinks, pressure, reflexes, etc., which may require surgical assistance. To be more specific, we recognize clinically three types of chronic constipation, named in the order of their frequency as follows: spastic or dyskinetic, atonic and obstructive.

ETIOLOGY

In studying the etiology of chronic constipation consideration must be given to the normal and pathologic anatomy and physiology of the gastro-intestinal tract and related structures; to psychical and reflex influences; and habits of living.



Fig. 2.—Atonic colon, dilated with only slight traces of haustra and haustral contractions.

1. *Anatomy and Physiology of the Gastro-Intestinal Tract.*—The hepatic and splenic flexures are fixed by mesenteric and ligamentous attachments, the transverse meso-colon is long,

which permits of a large degree of ptosis of the transverse colon, often forming very acute angles at the splenic and hepatic flexures. It has been demonstrated, however, that neither the ptosis of the transverse colon, nor the acute flexures (unless as occasionally occurs at the flexures, adhesions bind the two portions of the

interference, together with adhesions, the result of pericolitis in this region of common stasis, explains the frequent occurrence of primary pelvic constipation and dyschezia.

The longitudinal fibres of the colon are gathered into three bundles which in constriction are shorter than the section of bowel along which they pass, so that the bowel wall is puckered by them into folds or haustra, shortening the bowel about one sixth. The haustra and haustral contractions represent so many grips or brakes on the bowel contents. It has been demonstrated fluoroscopically that the propulsion of the colon contents is not a slow gradual process, but "mass movements" in which the entire fecal mass is suddenly and rapidly moved varying distances, due to the elongation of the longitudinal muscular bands with obliteration of the haustra.

In addition to mass peristalsis of the colon antiperistalsis has likewise been demonstrated. The effect of antiperistalsis is to retard the onward progress of the fluid contents of the cecum and ascending colon for more complete digestion and absorption.

The great majority of cases of constipation are primarily distal, *i e.*, stasis originally occurs



Fig. 3.—Atonic colon, showing adhesion of transverse and descending colon (A); very little Ba in transverse colon (D).

colon together), result in much delay or retardation in the onward movement of the fecal contents of the colon. The cecum possesses no mesentery, which accounts for its frequent dislocation.

I have observed in autopsies that the junction of the descending and iliac colon is frequently firmly bound to the iliac crest by a short mesentery, producing sufficient constriction to delay the onward progress of the fecal contents, which may explain the frequent occurrence of pain at the left pelvic brim. The ileo-pelvic and pelvi-rectal junctions are bound down by short mesenteries which retard onward progress, and interfere with the introduction of the colon tube.

The mesentery of the pelvic colon is long, allowing it to rise as it becomes filled with feces, changing the acute pelvi-rectal angle to an obtuse angle, which allows the feces to enter the rectum. Frequently when the pelvic colon is fully distended and elongated with feces, its mesentery is too short to accommodate its full length so that it is thrown into kinks which often seriously interfere with defecation. This



Fig. 4.—Same as Figure 2, patient standing, showing acute flexure of transverse colon (V).

in the pelvic colon and rectum through neglect to properly attend to the calls of nature, and to sometimes mechanical obstruction in this region. The presence of stasis in the distal colon results, through mechanical obstruction with resulting spasticity and antiperistalsis, in imper-

fect emptying of the proximal colon with consequential proximal stasis; cecal dilatation, chronic appendical and ileo-colic valve changes.

It has been proven that stasis in any portion of the colon produces conditions favorable for colitis, with later subinfection of the pericolic tissues and resulting pericolic bands,



Fig. 5.—Showing marked dilatation and ptosis of cecum (C), and marked spasticity of transverse colon.

membranes and adhesions. It is quite evident that these adhesive bands are found where stasis is most common and persistent, viz.: cecum and ascending colon, and pelvic colon. Schmidt has shown that the virile bacterial content and toxemia of the distal colon is markedly reduced, which may explain the preponderance of these bands and membranes in the region of the cecum.

2. *Reflex and Psychological Influences.*—In diseased conditions of the body, especially of the abdominal and pelvic organs, as in chronic appendicitis, inflamed hemorrhoids, anal fissures and ulcers, chronic peritonitis, inflamed ovary or prostate, renal calculi, gall bladder disease, etc., afferent impulses are carried by the sensory nerves to the cerebro-spinal centers, the efferent impulse being carried by the preganglionic fibres of the sympathetic nerves to the sympathetic ganglia from which the postganglionic fibres pass to their termination in the bowel wall with resulting reflex inhibition of gastrointestinal movements. The habitual use of certain drugs or narcotics has a similar inhibitory influence.

In depressing emotions, fatigue or exhaustion, anger, fear, anxiety, in neuroses, in organic diseases of the central nervous system, etc., efferent impulses pass down the sympathetic nerves with resulting direct inhibition of gastro-intestinal movements.

3. *Habits of Living.*—Among the habits which are primarily conducive to chronic constipation may be mentioned the irregularity of going to stool; the diet, which is often unsuitable in quantity or quality, or both; the miscellaneous use of cathartic drugs; and certain nervous and mental habits due to reflex and psychical influences. These will be discussed under treatment.

TREATMENT

Rational treatment must be based on etiology and type. Every case should be thoroughly studied before advising as to treatment; however, certain general methods and principles of treatment may be stated.

1. *Regular Habits of Bowel Evacuation.*—Mass peristaltic movements which are recognized as the principal propulsive force of the



Fig. 6.—Showing marked constrictions (S) of cecum (C).

colon occur naturally at certain intervals during the day. Every one has observed the desire to defecate after meals, and more especially after breakfast when food is received into an empty stomach after a night's rest. Under the fluorescent screen the rapid progress of the fecal contents of the colon can be observed after a

meal. Defecation after eating is a natural sequence, and many individuals are unable to resist the desire. Social and industrial conditions, however, have led to the inhibition of this natural desire to defecate after each meal to the formation of a habit which is more convenient. This more convenient and still natural time is in the early morning on arising or after breakfast. More convenient because of the early morning privacy and freedom from the business of the day. Natural because most of the contents of the alimentary canal at this time are collected in the pelvic colon, and because the natural morning stimuli, and especially the morning breakfast, serve to initiate the mass peristaltic movement of the colon, which forces sufficient feces into the rectum to stimulate the reflex defecation act, which further stimulates mass movement of the colon, and in addition calls forth voluntary effort.



Fig. 7.—Showing spastic colon. Some Ba in descending colon (D).

It has also been found that mass peristalsis of the colon occurs shortly after an evacuation of the bowels. This fact suggests the advisability of a longer time spent in the defecatory effort, or a second effort following soon after the first. Most constipated persons do not devote sufficient time to the accomplishment of a thorough bowel evacuation. The pelvic colon is a reservoir which, when empty, lies on the pelvic floor. As it becomes filled, it rises in the pelvis, changing the pelvi-rectal acute to an obtuse angle which allows the feces to enter the rectum. The entrance of feces into the rectum stimulates the defecation act, which if inhibited the sensibility of the defecation reflex becomes impaired, and the first step to constipation is taken; while if hurried the bowel evacuation may be discontinued

after expelling only the content of the rectum, leaving the pelvic colon unemptied, together with a subsequently filled rectum, and another vicious step to constipation is established.

2. Physical Methods.—It has been demonstrated that mass peristalsis of the colon frequently follows deep manipulation of the cecum and ascending colon, which suggests the value of deep massage over the cecum and along the course of the proximal colon. However, under the fluorescent screen the impossibility of moving the contents of the colon distalward as a direct result of the manipulation of massage, is easily demonstrated, the haustra and haustral contractions representing so many grips or brakes preventing the onward movement of the bowel contents.

The use of the sinusoidal current, or the galvanic current (the kathode in the rectum and the anode over the abdomen), stimulates the initiation of mass peristalsis of the colon, and gives tone especially to the pelvic, colonic and abdominal muscles. Among other mechanical means of treatment are deep breathing, exercise, hydrotherapy and the abdominal binder.

The value of massage of the proximal colon and likewise other physical methods of treatment is probably due to some beneficial effect on colonic mass movements together with increased tonicity of the intestinal, mesenteric, abdominal and pelvic musculature.

3. The Enema.—The remedy for stasis in the proximal colon, excluding appendical involvement, and that relatively rare condition of constricting bands, the result of inflammatory and evolutionary processes in this region, is one which will relieve the spasticity of the distal colon. The cleansing enema rather effectively meets this condition by unloading the iliac and pelvic colon, which thus relieves the cause of the spastic state; and, by removing the obstruction to the onward movement of the colon contents, enables mass peristalsis to carry forward the contents of the proximal colon. To unload the pelvic and iliac colon, one pint of water, preferably cold, is sufficient. If it is desired to reach the cecum, two or three pints, at moderate temperature, are required. Although I have frequently observed under the horizontal fluoroscope a less quantity carried back to the cecum, even after gravity pressure has been removed. The use of more than two or three pints of water in the enema, especially if frequently repeated, may be deleterious by producing dilatation of the rectum and colon.

The enema may consist of water with or without soap, glycerine, bile salts, epsom salts, etc., and should be given at about three feet of pressure, with the ordinary rectal tip. It is quite unnecessary to use the colon tube, as the fluoroscope shows how impossible it is to introduce the tube beyond the pelve-rectal angle, or at most beyond the iliac-pelvic junction, and there is danger of folding the tube on itself, stopping the flow or directing it backward.

The use of the enema can give only temporary relief unless used with some degree of regularity until the condition for which it is used is remedied. It seems unreasonable to administer laxatives which will irritate twenty-five feet of bowel in order to evacuate the last twelve or fifteen inches of colon, the relief of which by the enema will in most cases relieve the proximal stasis.

4. *Drugs.*—Abt has found that all common laxatives are mechanical or chemical irritants. Thus in their action they increase the spasticity which is common in most cases of constipation. They may be indicated in the relatively rare cases of atonic constipation, or the so-called tonic laxatives combined with an antispasmodic may aid in the production of ordinary peristalsis, that is, giving tone and relieving spasticity, and the more drastic cathartics may occasionally be used for temporary relief. However, in most cases of constipation where there is spasticity of the distal colon, and resultant proximal constipation with dilatation of the cecum and ascending colon, laxative and cathartic drugs are not only noneffective but accentuate or aggravate the very condition which we seek to overcome by their administration.

Most constipated persons need antispasmodics, such as belladonna, the bromides, sumbul, etc., rather than irritant laxatives and cathartics, as cascara, aloes and rhubarb. In spasticity of the colon heavy paraffin oil having a high viscosity is most useful, and plain agar-agar is attended with beneficial results. In the relatively rare cases of atonic constipation the addition of cascara to the agar-agar (regulin) may be indicated.

In most cases of constipation laxative or cathartic drugs are contraindicated. If medicinal aids are required paraffin oil, bran or plain agar-agar and some antispasmodic are more appropriate.

5. *The Diet.*—Again, constipation may be influenced by the dietary. If the diet be insufficient in bulk or unsuitable in quality, the normal stimulus of the bowel contraction will be deficient. Foods should be chosen which pro-

duce mechanical and chemical stimulation of the bowel, and which leave an undigestible food residue, allow of a larger bacterial growth and a more abundant intestinal secretion; altogether stimulating bowel motility. However, in cases of spastic constipation, any condiments or other irritating substances in the diet will tend to increase the spasticity, and thus the constipation in the proximal colon. Nevertheless, in this type of constipation a general diet is found most suitable. In the cecal type of constipation an excess of proteins in the diet will result in food decomposition with the formation of an excess of putrescible substances, will encourage a bad flora and establish an intestinal toxemia, thus adding complications to the constipation.

6. *Treatment of Reflex Influences.*—As has been stated, we may have constipation as a result of inhibition from the cortex, or as a result of inhibition due to reflexes arising from diseased conditions in the body, especially of the abdominal and pelvic organs.

The treatment of constipation due to these influences is indicated in the etiology. Any depressing influences on the nervous system should be removed. All conditions producing inhibitory reflexes should be remedied. Rest, exercise, travel, a proper mental attitude, together with a liberal diet, are indicated. Surgical measures may be necessary. Such sedative drugs as the bromides, valerian, sumbul, asafoetida, veronal, belladonna or opiates may be used alone or in connection with laxative and tonic drugs.

7. *Psychical Treatment.*—In the psychical treatment of constipation ideas which inhibit intestinal peristalsis and defecation must be eradicated. The first is that constipation will inevitably result if artificial means, such as laxatives and cathartics and enemas, are not used to produce the regular action of the bowels. Thus many individuals whose bowels would act quite normally if left to themselves, fear that without the customary pill or enema the bowels would fail to move, and so the habit of artificial aid is established. In such cases an attempt should be made to persuade the individual that his constipation is the result of faulty habit which can be overcome without artificial aid by attention to the hygiene of the bowels and probably some slight changes in diet.

Another idea which must be negated is that the attempt to defecate will prove ineffective. Such an individual is so afraid that the bowels will not be opened, that in the uncoordinated

efforts he makes to defecate he disturbs or inhibits the involuntary or reflex part of the act. Such an individual should be instructed to approach the defecation act with confidence; to make no voluntary effort until the desire to defecate is felt; to not be satisfied with the first movement of the bowel, but to await a second or even a third stimulus to defecation. Possibly while awaiting the involuntary part of the act he may divert his attention by reading.

Again, many persons fear blocking or other dire consequences and complain of headache, sluggishness, torpor, dizziness and other toxic symptoms if the bowels fail to move at a regular time. No doubt some uncomfortable symptoms do occur as a result of the failure of the bowels to act regularly, but most of the symptoms are mental, and the fear if fostered becomes a phobia. While it is very desirable that the bowels move regularly once or twice daily, yet such persons should be impressed with the fact that it is not incompatible for health and happiness that fewer movements should occur, and that the habit of resorting at once to artificial aids is conducive to much more serious consequences than a slight temporary constipation which if left alone will usually correct itself and reestablish regular habits.

8. *Conclusion.*—Every case of chronic constipation should be thoroughly studied with a proper appreciation of the anatomy and physiology of the gastro-intestinal tract and related structures and supported by good roentgenograms, before advising as to the course of treatment.

An intelligent appreciation of the importance of a proper hygiene, limited cathartics, a suitable diet, adequate visceral support, exercise and massage, an advised use of the enema, and attention to any underlying nervous or psychic disorder, will not only cure most cases of chronic constipation, but will forestall its development.

No one questions operative procedure for chronic inflammatory conditions in the abdomen and pelvis which aggravate a chronic constipation; but it is only in appendical involvements, or possibly ileo-colic valve changes, or in those cases of evolutionary or inflammatory bands producing constriction, that surgery would seem to be indicated solely for chronic constipation.

Experimental evidence has seemed to contraindicate the more radical surgical measures for chronic constipation such as visceral supporting operations, anastomoses and resections.

DISCUSSION

DR. H. H. WHEELER, INDIANAPOLIS: Doctor Foreman classifies constipation as atonic, spastic and obstructive. A few years ago atonic constipation was the only form considered outside of obstipation, and Dr. Lane resorted to many different types of short circuiting operations and excision of the colon or a portion of it as a cure for what he chose to designate as intestinal stasis. The many different intestinal operations have proven to be disappointing in the great majority of the cases operated directly for the relief of atonic constipation.

The classification of constipation which the Doctor has presented this afternoon is more or less new to most of us. I would like to lay a little more stress on the cause of spastic constipation. Spastic constipation as the term implies is spasm or muscular contraction of the walls of the intestine which is produced by some irritation or reflex. In a great many cases spastic constipation will be found to be associated with chronic appendicitis, from some old pelvic inflammation, from gall bladder disease or some inflammatory condition of the lower rectum, as piles, fissures, hypertrophied Houstons valve, hypertrophied sphincter, etc.

This morning we were told by Dr. Kimberlin that many cases of spasm in the region of the pylorus, especially referring to pyloric spasm, occur in connection with chronic nephritides.

An X-ray specialist once remarked to me that in chronic cases of appendicitis he expected to find a spasticity of the distal colon and sigmoid. His experience was that in eight cases out of ten the descending colon would be spastic when the appendix showed a state of inflammation.

Fleiner makes the statement that many women with spastic constipation suffer from some form of uterine disease; in his experience fully 50 per cent. of these women have some form of pelvic inflammation.

Singer held the view that painful diseases of the abdominal and pelvic viscera caused pneumogastric irritation which may produce intestinal spasms. If these contentions are true it is quite possible that many of the cases of spastic constipation come from nerve irritation in the abdominal or pelvic cavities.

The essayist makes the statement that most constipation originates in the rectum and pelvic colon. If this be the case, and I fully agree with the essayist, it is logical to believe that some defect in the lower end of the colon or anal canal is to be attributed as a cause of the beginning of constipation. The essayist also gives a type of combined constipation; spastic and atonic. I am strongly of the opinion that the spasticity of the descending colon, preventing free passage, causes the atony and conse-

quent dilatation of the coecum in the ascending colon. In this type of case the X-ray often reveals an incompetent ilio-cecal valve and dilatation of the ileum as a further result of the damming back process proximal to the spasticity of the colon.

From an anatomic and physiologic point of view it is always well in every type of constipation to make a thorough abdominal and pelvic examination to satisfy ourselves that there is no diseased conditions which can be attributed as a cause of the spasm of the descending colon. Special attention should be paid to diseases of the rectum and anus. Should piles, fissures, enlarged Houstons valve or hypertrophied sphincter be present, one of our first measures to procure any permanent relief for constipation should be directed to the treatment of those conditions which hinder the free emptying of the pelvic colon.

DR. JOSEPH RILUS EASTMAN, INDIANAPOLIS: Dr. Foreman has given much study to the subject which he has presented here and has given us a report which is as valuable as I have heard or read anywhere. I hope I will not mar the impression of his fine performance if I add a few remarks.

Up until the fifth month, in the fetus, the large intestine is supported by a long mesentery. The large gut does not lie directly against the mural serosa, but in the fetus hangs on a long mesentery like the small intestines. There takes place, before the child is born, a fusion between this long mesentery and the parietal peritoneum which extends upward to the margin of the tunica propria. That is normal fusion. Now, it happens that not infrequently that process of fusion which should extend up only to the border of the tunica propria of the large intestines continues farther upward. It occasionally extends around to the longitudinal fasciculus on the ventral side of the gut. In the adult this abnormal fusion extending around to the longitudinal muscle band proceeds for a considerable distance along the groove between the large intestines and the abdominal wall, but it more often extends for a short distance only, two or three centimeters, so that a partition rises up separating space lateral to the large intestine into pockets. One can often demonstrate that, to one's complete satisfaction, by picking up the large intestine, as one can do with the abdomen open—one can see the margin of the fusion plainly. You can demonstrate further that the progression of bowel contents is arrested at that level.

This fusion may occur at any point on the ascending or descending colon. I have frequently seen cecum held down by a band which passes from the meso appendix down to the internal abdominal ring. This is fairly constant, and I believe it is due to the descent of

the testes in the male or descent of the ovary in the female, which may pull as it descends a part of the large intestines downward by traction on the mesentery. One sees that illustrated especially in the sigmoid. A sharp kink of the sigmoid being caused by a band passing directly into the internal abdominal ring. This is one of the reasons why the appendix and sigmoid are pulled down into the sack in hernia, and, I think, explains some cases of anulation of the terminal ileum, which have been called Lane's kinks.

I do not think that such errors of embryologic development account for a very large number of cases of constipation, and I think the surgery of constipation has been very much overdone. I believe there is a tithe of wisdom in the advocacy of surgery in a small proportion of the cases of constipation. Any one who searches systematically in the abdomen for these evidences of excessive embryologic fusion will be instructed.

DR. F. W. FOXWORTHY, INDIANAPOLIS: About twenty years ago I had the pleasure of listening to Dr. George Cook, former President of this Society, on the treatment of constipation. In those days he advocated posture. He went so far as to tell the patients to get a Webster's dictionary and place it under their feet because toilets were too high. With that aim in view, several times I have caused toilets to be lowered so the knees would be against the chest.

Dr. Cook recommended another thing—equal parts of castor oil and glycerin as an enema, probably two ounces of each with hot water, not too hot. That was used with a great deal of success. He also advised never to use cold water, except in case of hemorrhage.

DR. JOHN N. HURTY, INDIANAPOLIS: I recently questioned some of the soldiers at the camp. Only last Saturday, of sixteen regular soldiers I spoke to in regard to constipation, fourteen said, yes, they were constipated; four took out of their pockets cathartics they were using. They said that constipation was quite prevalent among the soldiers and I believe that is true. I asked what was the matter. Well, they didn't know. I asked, "Aren't you told to attend to this matter?" "Yes," they said, "I believe we have been told." I believe the greatest cause of their constipation is found in their diet, and I know that is a truthful cause of constipation. Here was a soldier sitting under a tree eating his dinner. I said, "What have you for dinner?" He said, "Roast beef, gravy, and here are some canned peas; I think those are good, only I wish they were fresh," and then his bread and his coffee. He had also mashed potatoes. Now, mind you, roast beef, mashed potatoes, bread and coffee, that was the dinner. "What did you have yesterday?" I asked. "Substantially the same," he said. Later we asked

another soldier, "What have you for supper?" "Well, I have roast beef hash." "What else?" "We have boiled potatoes and bread and coffee." He said some of them got a few stewed prunes. If that diet is kept up right straight along, constipation is bound to follow, there is not enough roughage there, and if that diet is kept up those soldiers will have a lot of sick men among them and their efficiency will be materially lowered. We passed several of the kitchens with negro cooks peeling potatoes; they peel away about 20 per cent. of the potato and throw it away, and in these times of conservation of food, 20 per cent. is too much. I determined that by weighing the potatoes and the peelings. They wondered who I was butting in there, and I did tell one head cook, but they didn't obstruct the investigation at all. I say if the potato had been baked and the roughage of the jacket had been given them, that would have saved 20 per cent. of the potato and given bulk in the diet. I discovered another instance where oatmeal and apples were served. In the morning we remove only the stem of the apple, the peeling and core are chipped in the oatmeal. If you want a nice laxative, try that. I want to say, we pare the apple and remove the core too much in these days. We obviously could not eat the peeling of an orange, banana or melon, but we can eat the peelings of potatoes, sweet potatoes, Irish potatoes and apples, and in that way get a good quantity of distending material. I wish to acknowledge my obligation to Dr. Foreman for this scientific paper and also for its practical value.

DR. J. G. JONES, VINCENNES: It has been my observation that very much of the chronic constipation, especially in women, has been due to oversupply of proteids. We find the production of the dry hard stool, and from that I came to the conclusion that in many of these cases of chronic constipation there was a shortage of what Dr. Hurty calls roughage, which I always termed fodder. There is not enough fodder in the food. I should like to ask Dr. Foreman about the use of the A. B. & S. Pill in chronic constipation.—*Dr. Jones.*

DR. JANE KETCHAM, INDIANAPOLIS: I was very glad to hear Dr. Foreman mention agar-agar. Of all the remedies we use habitually, I think agar-agar is probably the least harmful. For a long time I believed in using it, but I could not get my patients to eat it because it tastes so badly. You have to take at least two tablespoonfuls every day in order to secure anything like satisfactory results. Just recently I came across the idea of using it in hot solutions, in preference to cereals or apple sauce. Both plain agar-agar and used with cascara are perfectly tasteless when given in hot milk, and a patient that takes this late at night will have roughge from the agar-agar, and will not have the harmful effects of the average dose of medi-

cine that a constipated person feels obliged to use.

DR. FOREMAN (closing): I have but a few words to say in closing. I want to thank Dr. Hurty for his discussion and compliment on this work. As Dr. Eastman says, I believe there are a few cases due to embryologic displacements, and to evolutionary and inflammatory bands.

In regard to the position that Dr. Foxworthy mentioned, I think it is one of the simple and important things, the position of a person at stool. The squatting position which used to be is the natural one.

In regard to the A. B. & S. pill which Dr. Jones mentioned, I admit I do not know in what condition a pill like that ought to be used in the treatment of chronic constipation. I see how it might be used in cases of atonic constipation where a tonic laxative may be necessary, or in spastic constipation to produce more orderly peristalsis, *i. e.*, giving tone and relieving spasticity, as you know it contains a tonic, laxative and an antispasmodic. However, I seldom use it in the treatment of chronic cases, except as I stated in possibly atonic cases, preferring, if laxative drugs or aids are needed, to use cascara, or, as mentioned by Dr. Ketcham, either agar-agar or some of the heavy, viscid oils.

I agree with Dr. Wheeler that all reflex conditions should be discovered and if possible remedied by medical, hygienic or surgical measures, whether they be purely psychic or arise from some organic pathology.

Many of the doctors who are in military service are receiving instruction and experience that otherwise might not be received. Not a few of them are sent to medical schools or research laboratories for special training of the most approved type, and this postgraduate instruction, taken at the expense of the government, will be found of great value after the war is ended. That many of the doctors who are receiving this instruction need it can well be appreciated, for the average doctor is inclined to be a little rusty after a few years out of college. But aside from the benefits to be derived by the government in having better trained medical men to serve the army and navy, there will come the added advantage of furnishing the people at home better doctors after the war is ended, and at the same time stimulating a desire on the part of every community to improve the standard of fitness of its medical advisors. The very fact that the government is demanding quality in the medical men who are in military service is bound to be reflected and stimulate like tendency among the people.

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OF THE

INDIANA STATE MEDICAL ASSOCIATION

Devoted to the Interests of the Medical Profession of Indiana

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EDITORIALS

OUR EPIDEMIC OF BOTULISM

In our last issue we commented on botulinus intoxication, or botulism, and referred to the epidemic which has just occurred at Decatur, in our own state. At that time the bacteriological evidence was not conclusive enough to enable us to say definitely that the type of poisoning occurring there was really botulism.

Now, however, the evidence is conclusive. We have a report of very great interest from Dr. Robert Graham, Professor of Animal Pathology in the University of Illinois, who has become personally interested in our epidemic and who has been conducting the bacteriological studies. He informs us that the sample of canned stringed beans obtained in the hotel where the poisoning occurred "proved to be contaminated with a strain of *B. botulinus*." He writes further that "the liquid surrounding the beans in the original glass jar repeatedly proved nontoxic and sterile to cultural methods, but portions of the beans, including the food from the center of the jar, properly planted and incubated for several days, produced a highly toxic substance in the cultural media, as indicated by fatal results in guinea-pigs following the ingestion of 0.5 c.c. Before death these animals showed characteristic clinical manifestations of botulism."

This report is of interest for several reasons. It confirms the tentative diagnosis of botulism made upon purely clinical manifestations. It shows also that we may have been wrong in incriminating the beef as the infected food. None of the beef was available for bacteriologic examination. Therefore the question as to whether the beef was or was not infected with *B. botulinus* must remain unanswered. However, the germ was isolated from a canned vegetable, some of which had been served at that fatal meal, and in the absence of any other evidence that article of diet must be regarded as the source of the infection. Furthermore, the

report brings home to us very forcibly the fact that canned vegetables prepared according to the latest approved scientific methods of canning may and do harbor deadly germs apparently without undergoing any putrefactive or other readily detectable changes.

VOLUNTEER MEDICAL SERVICE CORPS

The movement to promote the organization of a Volunteer Medical Service Corps in this state, recommended by the Council on National Defense, will be very generally commended. Already a committee has been appointed by Dr. Joseph Rilus Eastman, president of the Indiana State Medical Association, to carry out the plan. The organization is to include all reputable physicians and surgeons not eligible to membership in the Medical Officers Reserve Corps. It is intended that each state shall have a similar organization, and that through these various state organizations the entire medical and surgical resources of the country will be mobilized for the purpose of meeting such civil and military needs as are not already provided for.

According to the plan proposed the medical service in hospitals, medical colleges and laboratories will be standardized; the demands incident to examination of drafted soldiers, including the reclamation of men rejected because of comparatively slight physical defects will be given appropriate attention, and the need of conserving the health of the families and dependents of enlisted men and the preservation of sanitary conditions generally will be fully met.

Indiana always has taken the lead in every phase of patriotic endeavor, and it is certain that those members of the Indiana State Medical Association who through age or some slight physical defect have not been able to enter military service, will respond immediately to the call of the Council of National Defense. It is proposed that the services rendered by the Volunteer Medical Service Corps shall be in response to a request from the surgeon-general of the army, the surgeon-general of the navy, the surgeon-general of the public health service, or other duly authorized departments or associations, the general administration of the corps to be vested in a central governing board which is to be a committee of the general medical board of the Council of National Defense. The state committee of the medical section of the national

council will constitute the governing board in each state.

Conditions of membership are not onerous and are such as any qualified practitioner can readily meet. It is proposed that physicians intending to join shall apply by letter to the secretary of the central governing board, who will send the applicant a printed form, the filling out of which will permit ready classification according to training and experience. The name and data of applicants will be submitted to an executive committee of the state governing board and the final acceptance of membership will be by the national governing body. An appropriate button or badge is to be adopted as the official insignia.

FALSE PATRIOTISM

In the Correspondence Department of this number of *THE JOURNAL* we publish a letter from one of the members of the Indiana State Medical Association, now in military service, which is the counterpart of several letters of like character received by the Editor of *THE JOURNAL* or by other officers of the Association. That there is reason for complaint is very evident, and the county medical society referred to in the correspondence is not the only county medical society that deserves criticism.

In the first place, following recommendations that came from many sources, practically all of the county medical societies of the state went on record as agreeing to do two things for those of their membership who went into military service. First, to take care of the practices of the absent members and turn over a percentage of the collections from such practice to the absent members or their families. Second, to pay the county and State Association medical dues of the members in military service. Both of these promises can and should be kept. In the second place we know that in every section of the state the doctors are busier now than they ever have been before, and it is very selfish for them to neglect to account for a small percentage of the increased income derived from patients who ordinarily would go to the doctors in military service, as it also is extremely selfish to decline to pay the county and state medical association dues of members whose patriotism probably has been a source of personal gain to those who have remained at home. There isn't a doctor in Indiana today,

out of military service, who has not financially profited as a direct result of the absence of so many confrères who have accepted military service. While it may be true that the doctors at home are purchasing Liberty Bonds and contributing liberally to the Red Cross, Army Y. M. C. A., and other patriotic movements, yet they are not in reality contributing a tenth part what the average doctor in military service is contributing through the loss of the major portion of his income as a result of absence from his practice. Aside from all this the doctors at home should show a great deal of professional courtesy to the confrère who has made such great sacrifices in responding to the call of the country for war service; and those who are serving the country have a right to expect that they will not only be treated fairly but liberally by their confrères at home.

It is the meanest and most sordid kind of selfishness which permits such conduct as complained about in the letter published in this number of *THE JOURNAL*, and the duplicate of which has been complained about in vitriolic language by many others who have expressed their feelings in letters sent back home. It is high time that some definite and radical action be taken by every county medical society in Indiana to fulfil any obligations, implied or otherwise, that are due to Indiana doctors in military service. It is bad enough for doctors to be slackers, and there certainly are some of them in Indiana as well as in other states, but it is ten times worse to be not only a slacker but take advantage of brother physicians who are not only patriotic but who are making great sacrifices in an endeavor to serve the country in its hour of need.

THE EVILS OF CONTRACT PRACTICE

The time is coming when employers of labor, industrial organizations, and even mercenary insurance companies will recognize the fact that it pays to make quality rather than price the consideration in the selection of medical service. At present the average contract doctor fails to render efficient service, either because he is incompetent—which generally is the case—or because he lacks that sense of obligation which forces him to do his best irrespective of the pecuniary compensation that results therefrom. The result is that thousands of industrial workers are incapacitated for longer

periods of time than they should be, or are needlessly disabled, or even lose their lives for the want of the attention that could be given by experienced and well trained medical men. The ordinary employer of labor and the majority of the indemnifying insurance companies are interested solely in the question of securing medical and surgical service at the lowest possible money cost, and not infrequently contracts for such services are let by competitive bid, with all of the evils attending such a plan when applied to professional services. If they could be brought to realize the fact that the ultimate economic loss resulting from this plan is far greater than it would be under a selective plan, having the highest type of service rather than the lowest initial cost as a basis, there would be a vast saving in man power and greater justice done to the industrial worker who really suffers most.

We hear a great deal of opposition to state medicine, and yet it is the recognition of the evils resulting from competitive medicine which eventually will result in some form of state control of medical service as it applies to the industrial worker. It is possible for the man with independent means to have competent medical and surgical attention. It should be just as possible for the industrial worker to have similar service, and if he is unable to pay for it himself, or if he is under obligation—implied or otherwise—to accept such service from the hand of his employer, then it should be incumbent on the employer to furnish competent medical and surgical service. Eventually he will be compelled to do this or the state will do it for him and the expense will be charged where it belongs.

THE INCONSISTENCY OF OUR VARYING MEDICAL STANDARDS

The inconsistency of our present attitude toward medical laws and their enforcement is exemplified in the fact that some osteopaths and other irregulars whose main claim for recognition is that they employ no drugs and depend upon manipulation for results, are prescribing drugs for the alleviation of their patients. Even the opticians, or, as they style themselves, optometrists, have no hesitancy in offering their services to make a diagnosis of pathological conditions of the eye, and not a few of them prescribe various remedies for the relief of dis-

eased conditions. They even write prescriptions which the druggists are quite willing to fill. Not only are the people imposed upon by such practices on the part of incompetents, but the members of the regular medical profession, who are compelled to meet rigid requirements as to education and training, are justified in feeling that the rankest kind of discrimination is practiced in having a varying standard for the legal privilege of rendering services to the sick and disabled.

The inconsistency of having varying standards for the practice of medicine is emphasized further by the attempts on the part of certain county commissioners to appoint osteopaths and chiropractors as members of county boards of health. It is reported that in Clinton County an osteopath has been made secretary of the board of health, and very naturally this has aroused the indignation of the regular medical profession in that county. Inasmuch as osteopaths do not recognize disease as caused by anything else than anatomic disturbances of some kind or other, of what use would be an osteopath on a board of health during an epidemic of any contagious or any of the infectious diseases? Why would he be expected to enforce quarantine or do his best to limit the spread of disease when he believes that his kind of massage is curative for every disease to which flesh is heir? In the practice of medicine there may be some theories not proven by facts, but there are a great many well established facts which every person permitted to practice medicine should know and should be compelled to know. It takes some brains, some money, a good deal of effort and considerable time to become thoroughly acquainted with these facts, and it is principally to avoid the effort, the time and the expenditure of money which leads to the attempt to establish such misfits as chiropractors and their kind. There really is no excuse for anything but one standard for the practice of medicine. To permit the osteopaths, chiropractors, and other pseudomedical cults to be licensed under a standard of requirements that requires less than the standard of requirements provided for the regular medical profession, and then permit them to adopt and use any practice they please, is a discrimination not justified by common sense or reason. A medical law, if it is to be fair and just to all, including the public, should require those who apply for licensure to meet the same requirements throughout. Anything else is unfair discrimination.

EDITORIAL NOTES

DEAR DOCTOR: ———

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

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Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

In the May number of THE JOURNAL we shall publish a list of the county medical societies that have paid the medical society dues of their members who are in military service. Any county medical society that does not desire to be known as a slacker society will get busy at once. Let us "separate the sheep from the goats" and know just how much false patriotism there is in the medical profession.

THE Kaiser should be very much elated over the municipal returns from Milwaukee. The United States is the home of many pro-Germans, but nowhere will there be found congregated together so many enemies of the country as in Milwaukee. When our boys in Europe get through paying their respects to the Kaiser and his followers it would not be a bad idea to turn them loose in Wisconsin and let them do a little cleaning up there.

THE Committee on Scientific Work of the Indiana State Medical Association is asking for assistance in the securing of papers for the program for the annual session. The following notice has been sent out to all county medical societies, and the cooperation of the county medical society secretaries in this matter is asked:

"Have you had any papers read in your county society which will be suitable for the program of the state association? Can you suggest any names for discussants? Please mail information to Dr. Jane Ketcham, 401 Pennway Building, Indianapolis."

WITH a special session of the Indiana Legislature in sight there is active need for watchfulness on the part of the Legislative Committee of our State Association with a view to preventing the enactment of vicious medical legis-

lation. Unless the Committee is on the alert it may prove rather easy for interested ones to introduce bills which, unless properly acted upon in committees or defeated upon ballot, might prove very detrimental to the interests of higher standards of medical education and legal requirements for the practice of medicine.

WITH the cry for more doctors for military service there is beginning to be heard the cry for more doctors to take care of the civilian population. It would seem that there ought to be some way of apportioning medical service between the army and navy and the civilian population. Some towns and cities are actually suffering for the need of competent doctors as a direct consequence of such a large number of doctors enlisting in military service. On the other hand, there are communities where a very small percentage of the medical men have gone into military service. It would be no more than fair to establish a rule to the effect that every community shall proportionately share in the loss of medical men who are to go into military service.

SOME of the doctors doing military service complain that they are not doing enough medical work, and a few say that for months they have done nothing that can be said to require any professional training. We are under the impression that no medical man in military service will have much complaint to offer a few months from now if this war keeps up, for it seems to be a settled fact that all of our forces are to see service abroad, and that means that our medical officers will have to share their full responsibility for the care of the sick and wounded among our troops. Judging from the manner in which the medical officers in service abroad are distinctly overworked in caring for the wounded, it is a safe guess that American doctors in military service will get all the experience that they desire.

THE delinquent list of the Indiana State Medical Association is larger than usual, and there really is no excuse for it. It isn't the doctors who have gone to war who are delinquent, but the doctors who are remaining at home and who faithfully promised to pay the state association dues of their confrères in military service. In a few instances county medical society secretaries are at fault in not making reports promptly. Dereliction of officers in reporting memberships is just as reprehensible as

dereliction of members in failure to pay dues. At no time in the history of the Association has it been more necessary to secure promptness from the membership in the payment of dues. We hope that it will not be necessary to deprive any doctors of the numerous advantages which go with membership in the Association, and yet continued negligence in the payment of dues will result in such loss.

CHICAGO is the place selected for this year's session of the American Medical Association. Very naturally the activities will strongly tend toward war work, and the meetings promise to be very interesting as well as important. With such a central location the attendance ought to be larger than otherwise could be expected, and yet with so many medical men in military service and unable to get to Chicago it is quite likely that the session will not be as well attended as usual. Even the doctors who are not in military service are so busy that they may think they cannot attend the Chicago session, though so many of these men are so distinctly overworked that they owe it to themselves to get away for the kind of a rest that attendance at the annual session of the A. M. A. will give. Of especial interest will be the clinics preceding and following the annual session, and we are advised that these clinics are not to be entirely under the control of the local Chicago men, but are to assume added importance through the cooperation of the foremost clinicians of the country.

AN epidemic of lagrippe has incapacitated for short periods of time thousands of employees of factories in various parts of the country. At some factories working upon government work—notably the Ford factory in Detroit—it has been freely charged that spies and pro-German influences were responsible for the dissemination of the germs producing the disease. Such a charge is ridiculous, though it receives credit among a great many people who are credulous and inclined to be panicky. As a matter of fact lagrippe has been prevalent this spring in widely separated communities throughout the East and Middle West, but is no more prevalent than in some previous years, and the effort to couple the present epidemics with the work of enemy agents can be attributed to nothing more than the vivid imagination of those who revel in sensations. Probably the most fertile cause of the epidemic of this year, aside from the unusual atmospheric conditions, has been the very evident carelessness of all

communities with reference to cleanliness and sanitation. Our efforts in the line of conservation have led us to neglect the duties that heretofore have seemed imperative in order to make our houses, public buildings, and streets reasonably clean. As a consequence we pay the penalty for our negligence.

THE JOURNAL is in receipt of a letter from the United States Food Administration, Division of Chemicals, with a very urgent request concerning conservation in the medicinal use of our stocks of sugar, alcohol and glycerin. The letter is as follows:

"As you are aware, there is urgent need for the country to use with the utmost care, our stocks of sugar, alcohol and glycerin. It has come to our attention through the work of Professor Wimmer of New York and Mr. F. A. Upsher Smith of St. Paul, Minn., that it is possible to reduce largely the amount of these materials used in medicines by the adoption of infusions, decoctions and solid forms of medication, such as capsules, in place of elixirs, syrups, fluid extracts and tinctures.

"As the choice of medicine rests with the physician we feel that the extent to which this conservation program is successful rests largely with the physician and we urge upon physicians throughout the country the desirability of prescribing extemporaneously wherever possible.

"It is really desirable that the editors of Pharmaceutical and Medical journals, Deans and Professors of Colleges, and Secretaries of State, County and City Associations should see that the matter is fully discussed at meetings of physicians and druggists and should do all within their power to assist this conservation movement, which cannot fail to be of material assistance to the country since 'Food Will Win The War.'

"May we depend upon you for your active cooperation in this matter?"

THE Indiana Society for the Prevention of Tuberculosis is just completing arrangements whereby it is hoped that every registrant under the draft law and every man serving with the colors who is rejected on account of being a sufferer from tuberculosis may have more than an even chance to regain health by fighting off the white plague under the care of tuberculosis experts. This service also is to be extended to the families of Uncle Sam's fighting men. The National Society for the Prevention of Tuberculosis will receive the names and address of all tuberculous soldiers from the government and that society will send each state society its proper list of names. Each of the local county societies in Indiana has been asked to appoint a military committee which will have charge of the work of investigating the cases reported back to the various counties. The work is being financed from the funds raised by the sale of

Red Cross Christmas seals, but the public is being asked to support the movement should support of a special nature be required. The call of the federal government to the tuberculosis societies to perform this kind of important war service shows the need for the establishing of tuberculosis societies in counties, and officers of the state society are hoping that this campaign will speed up efforts for establishing sanatoriums for the treatment of the white plague in those counties where such movements already have been started.

It is reported that some doctors have been released from military service because of pro-German sympathies. If the report is true the matter has been handled by the military authorities altogether too leniently. There is a crying need in this country for drastic punishment of all those who give aid or comfort to the enemy. Just why traitors should not be backed up against a wall and shot is hard for the average patriotic American to understand, and yet so far as we know little or no punishment has been meted out to many who deserve to give life as a price for perfidy. We boast that America is "the land of the free, and the home of the brave," but we long have believed that America is altogether too free and that our boasted bravery is oftentimes superficial. Freedom does not mean that our people are licensed to do anything that pleases them, whether it is in the best interests of society or not. Lack of respect for authority is the rock upon which America will be wrecked unless we soon begin to punish those who seemingly consider themselves immune to those restrictions which are necessary for the protection of society. In a time like the present, when the country's life is at stake, there should be no tendency to deal leniently with disloyalists or lawbreakers of any description. Every man and woman is either for or against the country. There can be no straddling of the issues. If against the country, then let us inflict the punishment that an enemy deserves.

THERE are altogether too many doctors who are afraid to admit to their patients that there are a few things concerning the diagnosis, prognosis, and treatment of disease which they do not know. In other words, there are altogether too many doctors who are quite willing to permit the patient to think that the diagnosis has been made, based on a superficial examination and the meager knowledge thus obtained, when

as a matter of fact the case requires more extended study before it is possible to arrive at intelligent conclusions. Then there are some doctors who go to the other extreme and keep a patient in suspense an unnecessary length of time before giving any definite opinion as to what may be expected from the disease or from its treatment, and they do not even frankly admit that they do not know. Granted that some pathologic conditions may offer difficulties in the way of diagnosis, yet a large per cent of them can be diagnosed by the competent physician from the clinical and laboratory findings within a reasonable time, and the patient is entitled to know the results. In fact the patient expects and he even pays for completed work, carried out according to the most approved knowledge and methods existing at the present day, and if the doctor is unable to furnish such attention he should frankly admit his inability in that direction and make way for someone else. The tendency to hold on to the patient merely with the idea of holding the patient rather than to give competent service can end in only one result, namely, the loss of the reputation of the doctor and an increasing distrust on the part of the patient for all medical attention.

VARIOUS surety companies continue to bombard the medical profession with letters which are so worded as to make the reader think that no alcohol of any description can be purchased or used by a physician without first filing with the collector of internal revenue a bond, and of course the surety companies are ever ready to furnish the bonds at five dollars each. The surety companies take great pains to inform the members of the medical profession that a violation of that portion of the federal food control law as it applies to the use or sale of alcohol is subject to heavy fines or imprisonment or both. It is true—thanks to the efforts of the fanatical element in the temperance forces, aided by the surety companies and others who profit thereby—that the purchase and use of pure alcohol is restricted to those who have filed a suitable bond with the internal revenue collector and in return secured a permit to purchase alcohol, but all doctors should remember that the absolute necessity for the use of pure alcohol is exceedingly limited, and for the reason that alcohol to which an almost negligible quantity of medicaments have been added may be purchased without a permit and without furnishing a bond.

For all ordinary purposes this "doctored alcohol" is quite as satisfactory as the pure alcohol. Even in the laboratory it may be used for a good many purposes where heretofore the pure alcohol was used. If occasion arises for the use of pure alcohol a permit to purchase must be secured from the collector of internal revenue. The law as it pertains to the purchase and use of pure alcohol is the most senseless thing that has been enacted for a long time, and is so patently in the interest of surety companies that we doubt if it will remain very long on the statute books without alteration.

"The examination of the safety deposit box of a local physician, who died recently, revealed the presence of considerably more than \$100,000 in cash and high class securities. From which it is allowable to infer that not all of the compensations of the healing art are incident to the solemn joy of relieving pain."—*Fort Wayne Daily News*, Feb. 9, 1918.

Compensations of the healing art are seldom profitable from the dollars and cents point of view, and the case referred to above is an example. We happen to know that the doctor in question was not only industrious, but a frugal man and of simple tastes. He saved persistently, and was prudent throughout his entire life. Unlike the average doctor, he invested in sound securities, and reinvested the income. Therefore, there is nothing very startling in the fact that throughout the thirty-five years of active medical career he managed to accumulate a little over \$100,000 in cash and high class securities. It is the reward for patient industry, economy, persistent saving and wise investment of savings. The man with an average income, whether from salary or as a return from business enterprises, can accomplish the same result, but few do it because they are guilty of more or less extravagance and wastefulness, or are unwise in their investments. The tendency among doctors is to put savings in all sorts of promotion schemes which promise great returns but which usually end in complete loss of the principal. If they invest safely they might, at the end of thirty or thirty-five years, have an accumulation of cash and high class securities that would be equal to the amount saved by the deceased doctor whose estate has been the subject of editorial comment. To our notion the case in question is a striking example of what can and should be accomplished by every doctor who has a fair practice and who is willing to save and invest judiciously. In doing this it is not necessary to become a miser or be deprived of the ordinary comforts of life.

SOME of our medical friends seem to think that we have been rather severe in our condemnation of doctors as being the most gullible of any class of people. As a matter of fact our opinion is not based on surmise but upon facts which are easily proven upon a little investigation. There are in this country a great many professional exploiters who make a living by selling interests in bizarre or questionable enterprises, chief among which are worthless oil and mining stocks, and it is well known among these exploiters that the easiest victims they encounter are members of the medical profession. Aside from this it is the gullibility of physicians that has made so many fake medicine concerns a success. First the concern gets the endorsement if not the patronage of members of the medical profession, and the public—believing that doctors should be able to advise intelligently about medical affairs—believes the representations that are made and backed by the medical profession, only to find out later that the recommendations are not trustworthy. At the present time at least a half dozen proprietary medicines, essentially worthless from a therapeutic standpoint, and having been refused recognition by the Council on Pharmacy and Chemistry of the A. M. A., are being exploited by pharmaceutical houses, and doctors by the hundreds are being beautifully duped by the glib-tongued agents and the specious printed matter circulated by the manufacturers. As long as doctors are willing to obtain their therapeutic knowledge from commercial houses, just so long will the doctors continue to be victims of misplaced confidence, for it is well known that not one commercial house out of twenty has anything but an elastic conscience, and the majority of pharmaceutical houses that are reliable and can be trusted have, in a very large measure, been forced to take that stand as a result of the checking up process by the American Medical Association. The medical profession has a clearing house in the Council on Pharmacy and Chemistry of the A. M. A., and there is no excuse for ignoring the findings of that Committee which has been established and is maintained solely for the purpose of protecting doctors and their patients from the intentional or unintentional misinformation furnished by pharmaceutical houses. The findings of the Council on Pharmacy and Chemistry are trustworthy and deserving of the careful consideration of every progressive physician. Failure to note and follow the recommendations

of the Council is quite sufficient to justify us in the assertion that doctors are not only the most easily humbugged, but that seemingly they rather like it!

In the February number of *THE JOURNAL* we published an editorial entitled "Objection to Research Work in the Army" in which we called attention to the senseless objections of antivivisectionists to the Red Cross appropriation of \$100,000 for medical research work in France. We quoted the vigorous protest on the part of the general medical staff of General Pershing's forces in France to the attacks of the antivivisectionists, and the very pertinent comment of Mr. Garfield of the American Red Cross. After pointing out that the antivivisectionists in their attacks on the work of our medical forces in France rightfully belong to that class of individuals who are giving aid and comfort to the enemy, we concluded with the following comment:

"At any time we should give scant consideration to the howls of fanatics who object to the use of a few worthless rats and guinea-pigs for the development of means and measures for the prevention of suffering and the saving of human lives, but at a time like this, when hundreds of thousands of our boys may suffer and die from diseases that may be prevented or cured as a result of scientific knowledge secured through animal experimentation, the protests of such fanatics as the antivivisectionists should meet with general condemnation."

The editorial seems to have met with widely divergent opinions from some of those who read it. From some officers in the War Department we received letters of commendation, but from Mr. Claude M. Spaulding, Treasurer of the National Antivivisection Federation, with headquarters at New York City, we received a vitriolic letter which for a murderous attack on the English language is hard to beat, to say nothing of the absence of connected thought in the diatribe. Fanatics invariably resort to the rankest kind of exaggeration in pleading their cause, and when called to account fall back upon vituperous abuse in the vain hope that it will take the place of rational reasoning and demonstrable facts. As we intimated in the editorial which has brought forth such widely varying comments, we predict that the senseless agitation of the antivivisectionists will have far less effect and be given scantier attention after the war than it has ever received before. Some of the greatest scientific advancements that have proved of inestimable value in the saving and conserving of human life have been due to the results of animal experimenta-

tion, and our soldiers in France who are reaping the rewards following investigation through animal experimentation, of some of the peculiar disease conditions that are incident to trench warfare, are not going to be very kindly disposed toward a society of irrational sentimentalists who place the lives of a few worthless rats and guinea-pigs ahead of the lives of human beings.

DEATHS

L. S. TRUSLER, M.D., formerly of Princeton, died recently at Eureka, Kan., aged 64 years.

CHARLES A. ROBINSON, M.D., of Greenfield, died March 18, aged 64 years.

L. B. LAWRENCE, M.D., Bicknell, was found dead in his office March 17, death being due to heart trouble.

R. M. HOLLINGSWORTH, M.D., Terre Haute, died March 7 at the Union Hospital from infirmities of age, 75 years old.

WILLIAM H. MURPHY, M.D., aged 60 years, died March 10 at his home in Morgantown. Dr. Murphy graduated in medicine from the University of Louisville in 1885.

CLAYTON E. GOODRICK, M.D., of Santa Fe, died March 13 from diabetes and tuberculosis. Dr. Goodrick formerly practiced medicine at Peru, and was coroner of Miami County two terms, but had not practiced medicine for the past few years because of his health. He was 42 years of age.

SAMUEL T. MURRAY, M.D., aged 77 years, died March 24 at his home in Greentown following a year's illness. He was a graduate of the Ohio Medical College, Cincinnati, served in a medical capacity in the civil war, and was joint senator from Howard and Miami Counties for the years 1905-06.

STANLEY C. NEWLIN, M.D., aged 58, for twenty-five years a practicing physician of Anderson, died March 19. Dr. Newlin graduated from the Medical College of Ohio, Cincinnati, in 1881, locating at Anderson immediately following his graduation. He was a member of the Madison County Medical Society, the Indiana State Medical Association, and a fellow of the American Medical Association.

CHARLES M. CAIN, M.D., Indianapolis, died March 8 at the Methodist Hospital following a brief illness of acute intestinal trouble, aged 35 years. Dr. Cain graduated from the Indiana University School of Medicine in 1909, following which he took a postgraduate course in eye, ear, nose and throat work at St. Bartholomew Clinic, New York, and located in Indianapolis five years ago. He was a member of the Indianapolis Medical Society, the Indiana State Medical Association, and a fellow of the American Medical Association.

ERNEST C. REYER, M.D., Indianapolis, died March 24 immediately following a fall. Autopsy showed that death was caused by a fracture of the skull. Dr. Reyer was born in Indianapolis in 1864, graduated from the Shortridge high school in 1882 and from the Indiana Medical College in 1885. He attended classes at Bellevue Hospital in 1889, following which he continued his studies in Europe, receiving a diploma from Heidelberg University in 1890 and from the University of Munich in 1891. The degree of master of arts was conferred on him some years ago by Wabash College. He was connected with the Indiana University School of Medicine for a number of years.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

GENERAL

DR. S. G. JUMP of Selma has been ordered to Fort Oglethorpe, Ga.

DR. D. W. LAYMAN has returned from a two weeks' visit to Miami, Ind.

DR. CHARLES H. GOOD of Huntington has been quite ill with pneumonia.

DR. S. C. FENTON, retired, has removed from his farm south of Boswell to Pine Village.

DR. ERVIN HUCKLEBERRY of Salem has been ordered to Washington, D. C., for military duty.

DR. A. A. WATTS of Gary has been commissioned first lieutenant in the Medical Reserve Corps.

DR. E. E. JOHNSON of Star City has been ordered to Washington, D. C., for military service.

CAPT. HARRY C. JOHNSON, Logansport, is located at Fort Sam Houston, Texas, in charge of hospital.

DR. G. D. LARRISON of Brooks has been ordered to Fort Sam Houston, Texas, in the medical service.

DR. S. D. CLAYTON, Maxwell, has been ordered to Fort Oglethorpe, Ga., with the rank of first lieutenant.

DR. E. J. SIEGMUND of Wabash has been appointed city health commissioner to succeed Dr. N. H. Thompson.

DR. JAMES H. TAYLOR of Indianapolis addressed the Woman's Improvement Club on "The Care of Children."

DR. G. H. MCLIN of Huntington, who has been in Texas for his health, has returned home in a very critical condition.

DR. M. B. CATTLETT of Fort Wayne has been commissioned first lieutenant in the M. R. C., and ordered to report for duty on April 3.

DR. C. L. MYERS of Covington underwent an operation for strangulated hernia at the Lakeview Hospital, Danville, early in March.

DR. EDWARD K. NEWTON of Whiting, first lieutenant in the M. R. C., was ordered to Camp Gordon, Atlanta, Ga., early in March.

DR. A. T. CUSTER of Linton resigned as coroner of Greene County and the vacancy was filled by Dr. H. O. Woodrow, also of Linton.

DR. T. P. GOVAN of Richmond has been commissioned first lieutenant in the Medical Reserve Corps and ordered to Camp Ayer, Mass.

DR. F. N. WILLIAMS of Tell City, first lieutenant in the M. R. C., has been ordered to report at Fort Oglethorpe, Ga., early in April.

DR. W. W. ROSS of Laporte, commissioned as captain, was ordered for training to the Presbyterian Hospital, Chicago, on March 30.

DR. E. E. SCHREIFER of Tell City has received his commission as captain in the M. R. C., but as yet has not been ordered to report for duty.

DR. A. M. HAYDEN has resigned as chairman of the Vanderburgh County Medical Advisory Board and has been succeeded by Dr. Robert Viehe.

DR. W. H. FOREMAN read a paper on "Chronic Constipation" at Flora, Ind., last month. Dr. W. E. Pennington showed lantern slides.

DR. C. NORMAN HOWARD of Warsaw, now in military service, is located at the Walter Reed Hospital, Tacoma Park, just outside Washington, D. C.

DR. LEIGH F. ROBINSON of Martinsville, with the U. S. Marine Corps stationed at Santiago, D. R., has been promoted to the rank of captain.

DR. CHARLES E. WOODCOCK of Franklin, commissioned lieutenant in the Medical Reserve Corps, has been ordered to Camp Jackson in South Carolina.

DR. ELTON L. TITUS of Indianapolis, stationed at Fort Oglethorpe, Ga., has been promoted to the rank of captain in the Medical Reserve Corps.

DR. ERNEST B. LOUDIN has removed from Hazelton to Bicknell for the practice of medicine. Dr. Loudin had practiced at Hazelton for seventeen years.

WORD has been received of the safe arrival in France of Dr. C. E. Johnson of Rensselaer. He sailed from New York about March 1 with a medical division.

DR. GUY SCHULTZ, formerly of Lebanon, has accepted a position as assistant surgeon at the National Soldiers' Home at Dayton, Ohio, and has removed to that place.

DR. A. V. HINES of Auburn has been commissioned first lieutenant in the Medical Reserve Corps and was ordered to Fort Oglethorpe, Ga., early in March.

DR. D. S. LINVILL of Columbia City has been appointed to the position of chief surgeon of the Third Infantry of the Indiana National Guard, with the rank of major.

DR. L. G. SPRADLEY of Tennyson has removed to Boonville, where he has formed a partnership with his brother, Dr. N. M. Spradley, in the practice of medicine.

DR. MILES F. PORTER, JR., of Fort Wayne has been commissioned first lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., on April 23.

DR. S. C. MARKLEY of Richmond, now in service at Camp Zachary Taylor, has been promoted to duty in the division surgeon's office because of especially efficient work.

DR. B. W. RHAMY of Fort Wayne, who received his commission as captain in the M. R. C. early in March, has been ordered to the Rockefeller Institute for special research work.

MAJOR GEORGE L. GUTHRIE of Indianapolis, recently transferred from Fort Oglethorpe to Camp Upton, Long Island, has been made head of the sanitary train of the Seventy-Seventh Division.

THE County Council of Randolph County has appropriated \$20,000 to be added to the donation of \$10,000 by Mrs. W. E. Miller of Winchester, for the erection of a new county hospital.

DR. W. L. MISENER of Richmond has received notice from Surgeon-General Gorgas to hold himself in readiness to report for service on April 10, but as yet has not been notified as to his field.

DR. FRANK CARR, formerly of Anderson, for the past two years surgeon for a British mining company in Congo Belge, Africa, is on his way home to enlist in the medical corps of the United States Army.

DR. R. O. OSTROWSKI of Hammond has been appointed by the Seventh District Liberty Loan Committee of Chicago as head of the Hammond foreign-born population for the Third Liberty Loan Drive.

DR. S. L. LUTES, who took over the practice of the late Dr. H. W. Farmer at Laud, has been commissioned first lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., on April 5.

DR. PAUL GARBER of North Manchester, first lieutenant in the M. R. C., who has been in training at Fort Oglethorpe, Georgia, has been ordered to Garden City, L. I., where he is assigned to the Aviation Corps.

MISS IRENE BYRON, R.N., who served for five years as executive secretary of the Fort Wayne Anti-Tuberculosis League, died March 28 at Fort McArthur, Texas, where she was serving as a Red Cross nurse.

DR. GEORGE B. GRIM of Evansville was seriously injured in a runaway recently, his leg being broken in such a manner as may leave him permanently crippled. He was taken to St. Mary's Hospital, Evansville.

MR. J. W. HUSSEY, citizen of Martinsville, has donated a large residence building to Morgan County to be used for a hospital. The gift is a memorial to his little son whose life was lost in an automobile accident a year ago.

THE attending staff of the Bartholomew County Hospital has been changed to include all the members of the Bartholomew County Medical Society, with Dr. A. J. DeLong, president of the society, as head of the hospital staff.

DR. EARL WILSON, formerly of Indianapolis, now in military service, has been ordered to Johns Hopkins University for special work in brain surgery, and expects to leave for overseas duty at the completion of his work there.

THE total nurses enrolled in the Red Cross to March 10 was 18,344, of whom 10,000 have enrolled since April 6, 1917. The Red Cross had supplied the Army with 6,220 up to March 1, and 1,000 to the Navy and Public Health Service.

DR. A. P. ROOPE of Columbus, for some time stationed with a base hospital at Camp Lee, Petersburg, Va., has been promoted from the rank of captain to major. It was reported that he soon would be ordered to report for duty overseas.

LIEUT. F. R. BANNON of Bloomingdale, who for some little time has been in training at Fort Oglethorpe, Ga., has received an honorable discharge and returned to his home following a critical illness with pneumonia which has incapacitated him for military service.

THE report of contagious diseases in Indianapolis for the month of March was as follows: Measles, 407; smallpox, 237; scarlet fever, 140; whooping cough, 195; chickenpox, 41; diphtheria, 83; mumps, 26; typhoid fever, 4; trachoma, 1; spinal meningitis, 7; tuberculosis, 83.

DR. J. D. NUSBAUM of Indianapolis, who sailed for France with the Rainbow Division, has returned to the United States because of sickness which has incapacitated him. He reports that he will re-enter the service as soon as he recovers sufficiently.

DR. A. B. HATCH, superintendent of Sunnyside, the Marion County Tuberculosis Hospital, since its establishment, has been commissioned first lieutenant in the M. R. C., and expects to be ordered for duty any time. Dr. H. C. Worthington, an assistant at Sunnyside, will succeed Dr. Hatch as superintendent.

DR. GEORGE W. KIRBY of Goshen, commissioned captain in the M. R. C., was tendered a banquet by the medical men of Goshen on March 21, prior to his departure for the Mayo Hospital, Rochester, where he was ordered for a special course before reporting at Camp Dodge, Des Moines, Iowa.

DR. DANIEL EDGAR LYBROOK of Young America, who has been commissioned a first lieutenant in the Medical Reserve Corps, left early this month for a course of training at Ft. Oglethorpe, Ga. Dr. David Cohen of Jeffersonville has received his commission as captain in the Medical Reserve Corps.

THE Northern Tri-State Medical Association met in its thirty-fourth semi-annual meeting at Detroit, Tuesday, April 9, under the direction of Dr. J. H. Jacobson, Toledo, president, and Dr. G. W. Spohn, Elkhart, secretary. The scientific program was of unusual interest, and included papers by a liberal number of Indiana men.

ARMOUR & COMPANY of Chicago have just published their 1918 year book which contains unusually interesting information concerning the growth of the firm, the distribution of its foods, which include a large number of non-meat products, the Welfare Department of the organization and its general business policy. This souvenir book will be sent to doctors upon request.

THE County Council of Wells County recently appropriated an additional \$12,000 for the completion of the new Wells County Hospital located at Bluffton. The original appropriation of \$30,000 was found inadequate to complete the building owing to the increased cost of materials, labor, etc. Work on the new hospital will now probably be pushed to completion.

THE New Fayette County Hospital, located at Connersville, has been completed and was thrown open to the public on Sunday, March 3. The hospital was erected at a cost of about \$60,000, is constructed of brick, concrete and steel throughout, making it fireproof, and contains thirty-three beds. The hospital begins its career free from debt, as the result of a special campaign recently waged to raise the necessary funds to free the hospital from debt.

INDIANAPOLIS is to have a Hygiene School for Policemen, with Dr. H. G. Morgan, secretary of the board of health, as instructor. The course is for the purpose of preparing the police force for supervising conditions affected by alleys and premises, and will aim to teach the primary precautions against disease and bad living conditions, as well as proper sewage disposal and proper housing conditions.

IT is requested that publicity be given to the fact that Public Health Service is greatly in need of the services of competent sanitarians, particularly medical officers, sanitary engineers and scientific assistants. Salaries vary from \$1,800 to \$2,500 per annum. Applicants should address Surgeon-General, United States Public Health Service, Washington, D. C., stating in full experience and training which they have had.

DURING March the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Nonofficial Remedies:

Calco Chemical Company, Chlorcosane (Calco); Gilliland Laboratories, Normal Horse Serum, Concentrated and Refined Diphtheria Antitoxin, Concentrated and Refined Tetanus Antitoxin, Typhoid Vaccine, Smallpox Vaccine, Original Tuberculin, "O. T.," Tuberculin Ointment in Capsules (for the Moro percutaneous diagnostic test), Bouillon Filtrate Tuberculin "B. F.," Bouillon Emulsion Tuberculin, "B. E.," Tuberculin Residue, "T. R.," Tuberculin for the Detre differential diagnostic test; Monsanto Chemical Works, Dichloramine-T.

YOUR fifty dollar liberty bond: Will protect 1,000 soldiers from smallpox and 666 from typhoid. It will assure the safety of 139 wounded soldiers from lockjaw, the germs of which swarm in Belgian soil. It will render painless 400 operations, supply 2 miles of bandages—enough to bandage 555 wounds. It will care for 160 injuries in the way of "first-aid packets." It will furnish adhesive plaster and surgical gauze enough to benefit thousands of wounded soldiers. Every purchaser of a Liberty Loan Bond performs a distinct individual service to his country and to our boys fighting in France.

SURGEON-GENERAL BRAISTED of the Navy has written to Dean Charles P. Emerson of the Indiana University School of Medicine soliciting senior students for the Medical Reserve Corps. On recommendation from the school these students will be examined physically and if they pass the test will be given a course of intensive training at the naval training school. Eighteen students so far have applied and the examination will take place shortly. Those students who pass will be granted a diploma.

MISS MAUDE HUTCHINSON, superintendent of nurses, and Miss Anne Calley, instructress of nurses at the City Hospital, have both resigned. Miss Fannie Payne has been appointed assistant superintendent of nurses, and Miss Lillian Barlow has been made supervisor of surgery. Dr. Wm. F. Molt and Dr. H. A. Van Osdol have been added to the ear, nose and throat staff of the institution. Dr. Herman G. Morgan of the Indianapolis Board of Health has been instructed to receive applications for and conduct an examination for City Hospital internes for the ensuing year. The examination was scheduled for April 20.

BIDS for the new Indiana University School of Medicine building were opened by the trustees of the university at 10 o'clock Monday morning, April 15. So many contractors expressed a desire to bid on the building that additional specifications had to be printed. Actual work on the new school is expected to begin by May 1 and the building will be ready for occupancy by next January. The trustees will realize \$150,000 from the old building which will be taken over by the state. The exact use to which it will be put has not been determined, although it is likely that it will house various departments of the State Board of Health.

THE meeting of the Indianapolis Medical Society scheduled for April 2, was postponed one week. The program follows: "A Case of Pancreatic Cyst Complicated by Gall Stones and Glycosuria," Dr. J. M. Ritchie; "The Clinical History of the Ft. Branch Leper," Dr. Lyman Overshimer; "Demonstration of Two Cases of Sporotrichosis," "A Case of Milroy's Disease," Dr. R. A. Solomon. The members of the Indianapolis Society have been active in the Liberty Loan campaign and have invested all surplus funds in these bonds. The doctors also took active part in the big Liberty Loan parade which marked the opening of the drive. A committee headed by Dr. A. L. Marshall, secretary of the society, was appointed to notify all doctors that their presence in the parade was expected.

THE dedication of the Warden McLean Auditorium at Camp Greenleaf, the military medical school at Camp Chickamauga, Ga., on March 11 was made notable not only because of the presence of the Surgeon-General of the Army and members of his staff, as well as many distinguished medical men from military and civil life, but also because of the regular meeting there March 10 of the General Medical Board of the Council of National Defense, usually held in Washington. About 1,000 doctors, who as Medical Reserve Officers are taking the three months' course, accepted the invitation to attend, extended by Dr. Franklin Martin, member of the Advisory Commission of the Council and Chairman of the Board.

A STATEMENT concerning the work of the Red Cross, read at the March 10th meeting of the General Medical Board of the Council of National Defense showed that there are twenty base hospitals on active duty abroad, and fourteen others mobilized of nineteen certified as ready for immediate service. Distribution of sweaters to soldiers and sailors and all Red Cross sources totals at least 1,250,000. Authority for Red Cross work within camps has been conferred by an official order signed by the Secretary of War. Contracts for convalescent houses in four camps have been let and others will soon be signed. Twenty-seven sanitary units cooperated with federal and state authorities in February in seventeen different states. The four laboratory cars, "Reed," "Pasteur," "Lister" and "Metchnikoff," have been turned over to the Army Medical Corps. Venereal clinics are now in operation in seventeen camp cities.

MEMBERS of the Indiana State Medical Association have been requested to give their hearty support to the national Baby Drive which was inaugurated April 6. To make America safe for babies, a children's year was planned by Miss Julia Lathrop, chief of the Federal Children's Bureau. The woman's committee of the National Council of Defense has charge of the work and will organize through state and county units. In Indiana Mrs. Albion Fellows Bacon, chairman of the State Defense Child Welfare Committee, is in direct charge of the work. The movement has the endorsement of President Wilson, Governor Goodrich, State Council of Defense and other state organizations. Beginning April 6 every baby was to be weighed and measured and to have its health carefully guarded. School houses throughout the state were to be used for the work of the opening day. The total number of lives to be saved in 1918 has been fixed at 100,000, Indiana's quota being 2,592. Letters announcing this drive were sent out by the Indiana State Board of Health.

THERE has just been prepared in the Office of the Surgeon-General a new pamphlet, "Review of War Surgery and Medicine" (March, 1918, Vol. 1, No. 1), which is to appear monthly and be devoted to abstracts of war medical literature. This little pamphlet will furnish the medical personnel of the Army, abstracts of original papers of importance, necessary information in a short compass, and prompt publication of reports which otherwise might not gain circulation. In the first volume there is a splendid review of Surgery in the Zone of Advance prepared from data written by Major George de Tarnowsky, based upon his personal observations in the French army front. It is the best description that has yet appeared in American literature of the war. This is followed by a most readable and instructive review of the most recent data on gas gangrene, trench foot and the general principles guiding the treatment of wounds of war. Copies of this Review may be obtained by addressing the Superintendent of Documents, Government Printing Office, Washington, D. C., enclosing ten cents in stamps.

At the March 10th meeting of the General Medical Board of the Council of National Defense, held at Camp Greenleaf, Ga., Dr. William H. Welch read a statement giving illuminating figures as to the status on the Army and Navy. Men enrolled in the Medical Officers' Reserve

Corps, and recommended to the Adjutant-General's office totaled 21,824, of whom 17,313 have accepted their commissions. Of 5,378 recommended in the Dental Reserve Corps, 5,086 have accepted. Of 1,067 recommended in the Sanitary Corps, 856 have accepted. Of 152 recommended in the Ambulance Service, 138 have accepted. There are 844 officers in the Naval Medical Corps and 103 in the Naval Dental Corps. There are 827 medical and 199 dental officers enrolled in the Naval Reserve Force. There are available in the Naval Medical Reserve Corps, retired officers, acting assistant surgeons and national naval volunteers, naval militia, coast guard, 284 men. Total of officers available for active naval service are 2,257. There are 207 chief pharmacists and pharmacists, 7,000 hospital corps men in the regular service and 1,000 in the reserve, making a total available for active service in these branches of 8,207.

A COMMITTEE consisting of Dr. Frank B. Wynn and Dr. W. N. Wishard of Indianapolis; Dr. Spencer M. Rice, Terre Haute; Dr. Miles F. Porter, Fort Wayne; Dr. George T. MacCoy, Columbus, and Dr. G. W. H. Kemper, Muncie, has been appointed by President J. Rilus Eastman to effect in Indiana the organization of a Volunteer Medical Service Corps as directed by the Council of National Defense. This organization, which will include all reputable physicians and surgeons, who, through age or physical disability, are ineligible to membership in the Medical Officers' Reserve Corps will complete the mobilization of the entire medical and surgical resources of the country. Certain details have not yet been worked out, but it is intended that this new corps shall be an instrument able directly to meet such civil and military needs as are not already provided for. The general administration of the corps is to be vested in a central governing board which is to be a committee of the general medical board of the Council of National Defense. The State Committee of the medical section of the Council constitutes the governing board in each state. Conditions of membership will not be onerous and will be such that any qualified practitioner can readily meet. An appropriate button or badge is to be adopted as the official insignia. Physicians interested in this organization are requested to communicate with the office of the executive secretary, 314 Hume-Mansur Building.

ORDERS to officers of the Medical Reserve Corps, as pertains to Indiana doctors, during the month of March:

To Camp Sheridan, Montgomery, Ala., for duty, from Camp Shelby, Lieut. FORREST L. REESE, Bicknell.

To Camp Travis, Fort Sam Houston, Texas, for duty, from Camp Travis, Lieut. EVERETTE F. GRAVE, Monrovia.

To Camp Upton, Long Island, N. Y., for duty, from Fort Oglethorpe, Major GEORGE L. GUTHRIE, Indianapolis.

To Camp Zachary Taylor, Louisville, Ky., for duty, Capt. EDWARD B. IMEL, Petersburg.

To their homes and honorably discharged on account of physical disability existing prior to entrance into the service, Capt. CLAUDIUS H. WHITE, Monrovia; Lieut. ALBERT G. GRUBB, Mongo.

To Army Medical School, Washington, D. C., for instruction in orthopedic surgery, Lieut. RUSSELL A. GILMORE, Michigan City.

To Camp Gordon, Atlanta, Ga., base hospital, Lieut. EDWARD K. NEWTON, Whiting.

To Camp Jackson, Columbia, S. C., base hospital, Lieuts. EARL H. HARE, WILLIAM WISE, Indianapolis; CHARLES E. WOODCOCK, Whiteland.

To Camp Meade, Annapolis Junction, Md., for duty, from Fort Oglethorpe, Lieut. ROBERT E. REPASS, Indianapolis.

To Camp Travis, Fort Sam Houston, Texas, for duty, Lieut. GLEN D. LARRISON, Brook.

To Fort Oglethorpe for instruction, Capt. SAMUEL G. JUMP, Muncie; from Camp Sherman, Capt. JOSEPH M. GLENN, Vincennes. Provisional base hospital, Capt. FLAVINE J. BECK, Hartsville; Lieut. JOHN E. WHITEHALL, South Bend.

To Fort Riley base hospital, for duty, from Fort Riley, Lieut. BYRL R. KIRKLIN, Muncie.

To New York City, Bellevue Hospital, for instruction, and on completion to *Camp Upton*, Long Island, N. Y., base hospital, from Fort Oglethorpe, Lieut. HARRY G. IRWIN, Hometown.

To Rockefeller Institute for instruction in laboratory work, and on completion to *Army Medical School*, from Fort Oglethorpe, Lieuts. OLIVER E. GREIST, Delhi; HERMAN H. GICK, Indianapolis; JOHN S. ROBINSON, Winchester.

To St. Louis, Mo., Washington University, for instruction in urology and dermatology, from Fort Oglethorpe, Lieut. CLAUDE B. NEIDHAMER, Indianapolis.

Honorably discharged on account of physical disability existing prior to his entrance into the service, Lieut. ELMER B. MOSER, Windfall.

To his home and honorably discharged, from Fort Oglethorpe, Lieut. ARTHUR C. DOTY, Indianapolis.

To Army Medical School, Washington, D. C., for duty, from Rockefeller Institute, Capt. KARL C. EBERLY, Fort Wayne. For instruction, Lieuts. CHARLES E. MARTIN, Carlos; GEORGE C. TAYLOR, Claypool; ALBERT A. WATTS, Gary; DONALD L. MILLER, Indianapolis.

To Camp American University, Washington, D. C., as camp surgeon, from Camp American University, Capt. CLARENCE K. JONES, Indianapolis.

To Camp Logan, Houston, Texas, base hospital, from St. Louis, Lieut. WARREN D. CALVIN, Fort Wayne.

To Camp Meade, Annapolis Junction, Md., base hospital, from Camp Meade, Lieut. LOUIS A. BOLLING, Attica.

To Camp Sevier, Greenville, S. C., base hospital, Lieut. MELVIN S. TETERS, Middlebury.

To Fort Oglethorpe as commanding officer of hospital train, from Fort Oglethorpe, Lieut. IRVING H. WILLETT, Valparaiso.

To Fort Riley for instruction, from Fort Riley, Lieut. FRED G. EBERHARD, South Whitley.

To New Orleans, La., for instruction, and on completion to *his proper station*, from Camp Travis, Lieut. GEORGE L. MARSHALL, Bourbon.

To Newport News, Va., for duty, from Fort Oglethorpe, Lieut. HARRY B. GUDGEL, Princeton.

To San Francisco, Calif., for instruction, and on completion to *Camp Kearny*, Linda Vista, Calif., base hospital, from South Bend, Wash., Lieut. ARLIE J. ULLRICH, Aurora.

Honorably discharged, Capt. CHARLES F. HOPE, Coatesville.

Resignations of Capts. WILLIAM R. PHILLIPS, Glenwood, CHARLES E. STONE, Shoals, accepted.

To Army Medical School for instruction, Lieut. EDWARD S. JOHNSTON, Star City.

To *Camp Devens*, Ayer, Mass., base hospital, Lieut. THOS. P. GOVAN, Richmond.

To *Camp Fremont*, Palo Alto, Calif., for duty, from Fort Winfield Scott, Capt. HOMER H. TALLMAN, Culver. Base hospital, from Fort Riley, Lieut. CHARLES E. PETERS, National Military Home.

To *Camp Pike*, Little Rock, Ark., for duty, from Camp Pike, Lieut. JOSEPH A. GRAHAM, Hammond.

To *Camp Sevier*, Greenville, S. C., base hospital, Lieut. GEORGE H. PARMENTER, Stewartville.

To *Camp Sherman*, Chillicothe, Ohio, for duty, from Fort Oglethorpe, Lieuts. THEODORE F. SEYMOUR, Mishawaka; EARL E. JOHNSON, West Lebanon.

To *Camp Travis*, Fort Sam Houston, Texas, as assistant to the camp surgeon, from Fort Riley, Major EUGENE BUEHLER, Indianapolis.

To *Camp Upton*, Long Island, N. Y., for duty, from Camp Upton, Lieut. EARL L. WAITE, Rochester.

To *Camp Zachary Taylor*, Louisville, Ky., for duty, from duty as a contract surgeon at Camp Zachary Taylor, Lieut. STEPHEN C. MARKLEY, Richmond.

To *Fort Ethan Allen*, Vt., for duty, from Fort Oglethorpe, Lieut. ELBERT E. FREEMAN, Greentown.

To *Fort McPherson*, Ga., for duty, Lieut. HERBERT T. GARRISON, Gary.

To *Fort Oglethorpe* for instruction, Capt. BUDD VAN SWERINGEN, Fort Wayne; ORLOW C. SNYDER, Rockport; Lieuts. ARCHIE V. HINES, Auburn; EDWIN G. NELSON, La Porte; SAMUEL D. CLAYTON, Maxwell; from Camp Lee, Lieut. ELBERT BAKER, Rockville.

To *Rockefeller Institute* for instruction in laboratory work, and on completion to *Army Medical School* for duty, Capt. BONNELLE W. RHAMY, Fort Wayne.

To *Walter Reed General Hospital*, Takoma Park, D. C., for duty, Capt. CHARLES N. HOWARD, Warsaw.

Honorably discharged on account of physical disability existing prior to his entrance into the service, Lieut. FREEMAN R. BANNON, Kokomo.

To *Army Medical School* for duty, from Army Medical School, Capt. KARL C. EBERLY, Fort Wayne. For instruction, Lieuts. BENJAMIN F. WRAY, Camden; SHERMAN L. MCKINNEY, Huntingburg; IRVIN E. HUCKLEBERRY, Salem.

To *Belleville*, Ill., Signal Corps Aviation School, for duty, from Fort Oglethorpe, Lieuts. WESLEY M. HALL, E. Enterprize; BLAINE A. BLOSSER, Fremont.

To *Boston*, Mass., for duty, from Fort Oglethorpe, Lieut. ELMO R. ROYER, N. Salem.

To *Camp A. A. Humphreys*, Accotink, Va., base hospital, from Fort Ethan Allen, Capt. OMER A. NEWHOUSE, Montezuma.

To *Camp Custer*, Battle Creek, Mich., base hospital, from Fort Oglethorpe, Capt. JAMES H. WALKER, Jeffersonville.

To *Camp Devens*, Ayer, Mass., for duty, from Fort Oglethorpe, Lieut. JULIUS J. GROSVENOR, Richmond.

To *Camp Fremont*, Palo Alto, Calif., as division psychiatrist, from Camp Fremont, Major FRANK F. HUTCHINS, Indianapolis.

To *Camp Hancock*, Augusta, Ga., for duty, from Fort Oglethorpe, Lieut. WILLIAM L. ROYSTER, Indianapolis.

To *Camp John Wise*, San Antonio, Texas, for duty, from Indianapolis, Lieut. BERNARD J. LARKIN, Indianapolis.

To *Camp Zachary Taylor*, Louisville, Ky., as tuberculosis specialist, Lieut. STEPHEN C. MARKLEY, Richmond.

To *Chicago*, Ill., Presbyterian Hospital, for instruction, and on completion to *Camp Sherman*, Chillicothe, Ohio, for temporary duty, Capt. WILBUR W. ROSS, La Porte.

To *Fort Oglethorpe* for instruction, Capt. FRANKLIN T. KILGORE, Daleville; from Camp Sherman, Capt. AMZI W. HON, Indianapolis. For instruction, Lieuts. DAVID L. LUTES, Columbia City; FRED N. WILLIAMS, Tell City.

To *Garden City*, Long Island, N. Y., for duty, from Fort Oglethorpe, Lieut. PAUL A. GARBER, Sidney.

To *Hoboken*, N. J., for duty, from Fort Oglethorpe, Capt. SAMUEL G. JUMP, Selma.

To *New York City*, Bellevue Hospital, for instruction, and on completion to *Camp Greene*, Charlotte, N. C., from Fort Oglethorpe, Lieut. JOHN E. FREED, Terre Haute.

To *Rochester*, Minn., for instruction, and on completion to *Camp Dodge*, Des Moines, Iowa, base hospital, Capt. GEORGE W. KIRBY, Goshen.

Honorably discharged, Lieuts. JESSE L. STOWERS, Indianapolis; EARL L. WHITE, Rochester.

CORRESPONDENCE

UNFAVORABLE REPORTS FROM THE USE OF ARSPHENAMINE AND NEOARSPHENAMINE

TREASURY DEPARTMENT,
UNITED STATES PUBLIC HEALTH SERVICE,
WASHINGTON, April, 5, 1918.

Editor THE JOURNAL:

In view of the reports in current medical literature of untoward results from the use of arsphenamine and neoarsphenamine, I have to request that you give publicity to the statement that it is requested that samples of any lots of these arsenicals which have shown undue toxicity be forwarded to the Hygienic Laboratory for examination.

In sending these samples it should be ascertained that the lot number is the same as that of the ampoules used on patients. The samples sent should, if possible, be accompanied by a brief note stating the approximate body weight and age of the patient, the dose and dilution of the drug given, the symptoms and result; that is, whether fatal or not.

Respectfully, G. W. McCoy,
Director.

FROM NURSE MRS. M. P. CHURCH

PARIS, FRANCE, March 4, 1918.

My dear Dr. Bulson:

I suppose you people "over there" are now enjoying the sunshine. Well, the sun does not shine much "over here"—rains, snows, hails and blows most of the time.

I am in the Children's Bureau—Educational Department; have a number of French nurses, and am trying to teach them some of our American methods. They do very well.

The French women and children have suffered much, but are still game. I never realized until now that I never thanked God enough for the freedom and safety our American women and children enjoy.

The aeroplane raids are dreadful and nearly scare us to death. I can't write you much about my work—but this is real life and real work, and I'm thankful each day that I am alive.

Hope business is fine. Don't work too hard. Regards to the girls in the office, your nurse Miss Kreigh, and yourself.

Believe me always,

Sincerely yours,
M. P. CHURCH.

ARMY REGULATIONS GOVERNING PUBLICATION OF SCIENTIFIC PAPERS

WAR DEPARTMENT,
OFFICE OF THE SURGEON-GENERAL,
WASHINGTON, March 27, 1918.

Editor THE JOURNAL:

1. Attention of medical officers is directed to the provisions of paragraph 423, M. M. D.: "Medical officers will not publish professional papers requiring reference to official records or to experience gained in the discharge of their duties without the previous authority of the Surgeon-General."

2. Numerous scientific papers written by officers of the medical department have recently appeared in the medical press without specific authority from this office. This practice will be discontinued, and the above regulation will be strictly complied with.

3. Officers desiring publication of professional papers will submit two copies to the Surgeon-General with request for permission to publish same. On approval, a copy will be forwarded to the journal designated by the officer for publication.

By direction of the Surgeon-General:

C. L. FURBUSH,
Lieutenant Colonel, Medical Corps, N. A.

phase, a phase which will make enormous demands on the resources of the country. The conservation of these resources, especially that of man-power, depends entirely on an adequate medical service. The morning papers publish a statement that by the end of the year a million and a half of men will be in France. Fifteen thousand medical officers will be required for that army alone. There are today on active duty 15,174 officers of the Medical Reserve Corps.

3. Within the next two or three months the second draft will be made, to be followed by other drafts, each of which will require its proportionate number of medical officers. There are at this time on the available list of the Reserve Corps, an insufficient number of officers to meet the demands of this draft.

4. I cannot emphasize too strongly the supreme demand for medical officers. Will you give the Department your assistance in obtaining these officers? It is not now a question of a few hundred medical men volunteering for service, but it is a question of the mobilization of the profession that in the large centers of population and at other convenient points as well as at all Army camps and cantonments, boards of officers have been convened for the purpose of examining candidates for commission in the Medical Reserve Corps of the Army. An applicant for the Reserve should apply to the board nearest his home.

5. The requirements for commission in the Medical Reserve Corps are that the applicant be a male citizen of the United States, a graduate of reputable school of medicine, authorized to confer the degree of M.D., between the ages of 22 and 55 years of age, and professionally, morally and physically qualified for service.

6. With deep appreciation of any service you may be able to render the Department, I am

J. C. GORGAS,
Surgeon-General, U. S. Army.

THE NEED OF ADDITIONAL MEDICAL OFFICERS IN THE ARMY

WAR DEPARTMENT
OFFICE OF THE SURGEON-GENERAL,
WASHINGTON, April 8, 1918.

To the Editor:

1. I wish to call to the attention of the profession at large the urgent need of additional medical officers. As the war progresses the need for additional officers becomes each day more and more apparent. Although the medical profession of the country has responded as has no other profession, future response must be greater and greater. The Department has almost reached the limit of medical officers available for assignment.

2. I am, therefore, appealing to you to bring to the attention of the profession at large the necessity for additional volunteers. So far the United States has been involved only in the preparatory phase of this war. We are now about to enter on the active, or the fighting

FROM CAPT. W. C. FARNHAM
AERON. GENERAL SUPPLY DEPOT AND CONCENT.
CAMP, POST HOSPITAL, FIELD 2.
GARDEN CITY, L. I., N. Y., MARCH 30, 1918.

Editor THE JOURNAL:

I would be pleased to have you change the mailing address of my JOURNAL. It has been going to my former address, 921 East Creighton Ave., Fort Wayne, Ind. I have been receiving

my copy each month, but it has necessitated the remailing of same and, to obviate this, think it best to mail it direct to me at this station.

Am under the impression that I will be here for some length of time. At present I am on the staff of the base hospital at the above field, but am on detached duty and serving as post surgeon at Field No. 1, a subsidiary supply depot for transient squadrons.

We have a twenty-bed hospital here which functions as a ward of the main hospital at the other field. Our work is about the same as that of an ordinary city institution and does not lack at all in interest. The only difference that I can discern is the so-called "paper work," and you perhaps know that Uncle Sam requires plenty of that. The base hospital at Field 2 is a new and very modern one and complete in every detail. Have often wondered what will be the ultimate disposal of such an institution, placed as it is, out on the plains of Long Island. Dr. D. D. Johnston of Kendalville is also on the staff and has charge of pneumonia cases. We both came here last November, assigned for immediate foreign service, and of the sixteen who came with us but four remain. They were just at that time organizing the hospital staff here and were particularly anxious to select men who had been in the training camps and also those who were possessed of hospital experience. So we were selected from the list and put to work. Thus far I have not regretted the change.

Of course, we are in the Aviation Section and that seems to be the most desirable arm of the service. This field is a very active one and flying machines are going every which way about all day long. I have expected most any time to have one come sailing through the roof, but I guess that the boys know pretty well the handling of the creatures. We are treated to loops and turns and nose dives nearly every day.

This country is certainly making wonderful progress in the prosecution of the war. I think that every medical officer, upon his return to civil practice, will find the time he has spent in the army to have been very profitable. It is a wonderful school of instruction in all matters pertaining not only to the application of medicine and surgery but that of sanitation, hygiene, general construction projects and a host of other matters which have heretofore been of little interest to the general run of medical men. It seems not a hard task for the doctors to grasp the elements of the army game. Some, though, go through here on their way

about as green as they make them, and the probability is that they will never adapt themselves to military life.

Well, I think that I have written quite at length and when I once get going I have a Lewis gun beat a mile, so will bring this effusion to a close. With kindest personal regards to the members of the home society, believe me,

Faternally yours,

CAPT. W. C. FARNHAM.

FALSE PATRIOTISM

CAMP SHERMAN, OHIO, March 25, 1918.

Executive Secretary, Indiana State Medical Association:

Dear Sir:—The letter on the reverse side of this paper (notice of delinquency) came to hand a few days ago. I am now in the service of our country and, of course, can take no part in the affairs of medical societies until the war is over. I at first thought that I would not even answer this, as I have little time to spend in writing, and then an afterthought came to me that it might be well for the State Association to know what kind of patriotism is to be found in the county medical society to which I belong.

I was commissioned in March, 1917, and ordered into the service in July, reporting at Fort Benjamin Harrison July 12, 1917. Before I left home my county medical society had voted that all members should pay $33\frac{1}{3}$ per cent. of all money collected from the patients of any physician entering the service to the physician or his family. Shortly after I entered the service, I received a letter from a physician in my home city containing two dollars (\$2) and stating that he cared not what the Society did, he personally intended to send 50 per cent. of all money collected from my practice and stating in the same letter that another one of my patients had engaged him to wait on his wife in confinement (a case I had on hand when I left, and who had always paid his bill). That two dollars is the only money I have received from any doctor and the last word I have ever had from the doctor who had made the 50 per cent. promise. As I opened the year 1917 with an \$8,000 cash practice, besides a large booking account, I naturally do not feel very kindly toward the home society, nor to the State Association if it tolerates such patriotism as that. In one case I even referred my own sister-in-law to a surgeon, at her request, and I know that he collected over

\$200 from her, and this several months ago, and I have not yet received so much as a letter thanking me for the case. Numerous patients have written me that they have had to go to doctors since I left, patients who always pay their bills. Now, of course, physicians do not have to send any money to the physicians who have given up home and everything that they might go to the support of their common country, while they remained at home to prosper off of the patriotism of those who hold that there is more in life than the grasping after money, but what we men in the service do object to, is these societies sailing under false colors. Instead of hiding behind this false front, pretended patriotism, that they may loot the practice that we have left behind, without being criticised by the real patriots back home, let them come out with at least an honest statement and pass resolutions that they will do all in their power to take the practice of the men who have gone to the defense of the country in her hour of need. Sir, the day of reckoning will surely come. The more than 14,000 medical reserve men will want some explanation when the war is over and false patriots will be unmasked.

Trusting that all county medical societies have not the same grade of patriotism that the members of my county medical society have displayed, I am

Captain M. R. C.

SOCIETY PROCEEDINGS

INDIANA STATE MEDICAL ASSOCIATION

Standing of Counties in 100 Per Cent. Club Contest—
Counties Qualified March 15

	1917	1918
Tipton	23	24
Clinton	20	24
Union	8	9
Dearborn-Ohio	24	24
Sullivan	29	29
Lagrange	20	20
Jay	17	17
Orange	15	15
Perry	13	13
Scott	3	3

Counties Not Yet Qualified

	1917	1918
St. Joseph	68	67
Elkhart	61	60
Tippecanoe	60	58
Jackson	23	22

	1917	1918
Cass	45	43
Porter	17	16
Fulton	16	15
Pulaski	16	15
Pike	15	14
Wells	25	23
Knox	44	40
Hancock	22	20
Floyd	31	28
Kosciusko	24	21
Morgan	16	14
Franklin	8	7
White	8	7
Hamilton	23	20
Jennings	15	13
Rush	22	19
Owen	14	12
Warrick	14	12
Delaware-Blackford	72	61
Laporte	51	43
Montgomery	37	31
Decatur	18	15
Martin	11	9
Hendricks	27	22
Dubois	16	13
Vigo	95	77
Spencer	20	16
Jefferson	19	15
Jasper-Newton	19	15
Wayne	55	42
Benton	17	13
Whitley	21	16
Bartholomew	29	22
Grant	48	36
Lawrence	24	18
Putnam	22	16
Crawford	8	6
Switzerland	11	8
Daviess	25	18
Posey	17	12
Huntington	33	23
Clay	23	16
Carroll	25	17
Randolph	28	19
Miami	28	19
Greene	18	12
Adams	20	13
Steuben	17	11
Allen	95	61
Lake	104	66
Harrison	8	5
Marion	325	201
Fountain-Warren	33	20
Gibson	33	20
Madison	52	32
Henry	41	25
Fayette	15	9
Washington	5	3
Howard	39	23
Johnson	21	12
Dekalb	21	11
Wabash	25	13
Vanderburg	70	34
Noble	31	14
Boone	22	10
Parke-Vermilion	24	10
Monroe	20	8
Marshall	23	9
Clark	14	3
Ripley	14	1

MID-YEAR MEETING OF THE EYE, EAR, NOSE AND THROAT SECTION

On March 6 and 7 at the Hotel Severin, Indianapolis, the first mid-year meeting of the Eye, Ear, Nose and Throat Section of the Indiana State Medical Association was held.

The scientific program of the meeting follows:

WEDNESDAY, MARCH 6—2 P. M.

1. Internist and Specialist.—Dr. Charles P. Emerson, Indianapolis.
2. Defective Hearing Due to Naso-Pharyngeal Origin.—Dr. George W. Spohn, Elkhart.
3. Eye Symptoms of Brain Tumors: (a) Anatomy and Physiology of the Visual Paths.—Dr. B. D. Ravdin, Evansville. (b) Choked Disc; the Hemiopias.—Dr. M. Ravdin, Evansville.

THURSDAY, MARCH 7—9 A. M.

1. The Refraction of One Thousand Students.—Dr. J. E. P. Holland, Bloomington.
2. Therapeutic Empiricism and the Pathology of Chronic Head Infections.—Dr. O. E. Breitenbach, Columbus.
3. Case Reports.—Dr. W. N. Sharp, Indianapolis.
4. Some Points of Interest in the Aviation Examinations.—Dr. J. William Wright, Indianapolis.

On Wednesday night in the club room at the Hotel Severin an informal smoker and business meeting was held. At this meeting it was unanimously decided to organize the Indiana Academy of Ophthalmology and Oto-Laryngology. Constitution and by-laws were formulated, read, approved and accepted by section and as a whole. The organization was completed and the date for the first meeting was decided on. The officers of the Section were authorized to serve as officers of the Academy until the annual election of officers to be held at the meeting in January. Membership in the Indiana Academy of Ophthalmology and Oto-Laryngology is open to those who have for at least one year limited their practice to ophthalmology or oto-laryngology and membership is dependent on membership in the State Association. The annual dues are \$2 and are payable to the treasurer, pro tem, Dr. E. M. Shanklin, Hammond.

The attendance at the first mid-year meeting was over sixty and the enthusiasm and interest in the program was a most gratifying evidence of the possibilities in the future.

INDIANAPOLIS MEDICAL SOCIETY

February 19

Meeting was called to order by the president, Dr. Norman E. Jobs. Minutes of the previous meeting read and approved.

Dr. J. R. Eastman introduced the following resolution which was passed:

Resolved, That the Indianapolis Medical Society endorses the Owen Bill, S. 3748 and the Dyer Bill, H. R. 9563, creating advanced rank for the officers of the Medical Reserve Corps, as a measure of great importance to the health and welfare of soldiers and making possible the full use of the experience and knowledge of many physicians and surgeons of the highest standing in their profession.

The Indianapolis Medical Society believes that patriotic medical service will be greatly enhanced by the early passage of these bills.

Resolved, That a copy of these resolutions be sent to Senators New and Watson, and Congressman Moores.

Dr. George S. Bond presented "Soldier's Heart."

Abstract: The mental and physical stresses, incident to war, bring out many latent cases of organic heart disease. On the other hand, quite a large group of soldiers develop a condition that is manifested by cardiovascular symptoms, but with little indication that the heart is impaired. To this clinical picture the names "Soldier's Heart," "Irritable Heart of Soldiers," "Disordered Heart Action" and "Effort Syndrome" have been given.

It was described during our Civil War by several military surgeons, most notably D. A. Costa. Attention also has been called to it in each succeeding war. Simple cardiac overstrain. Tight fitting garments and setting up exercises have been given up, each in turn, as a possible cause. In the present war it has been reported in all the armies, and forms a considerable group of the heart cases. They show the following symptoms:

1. Breathlessness. Pronounced on slight exertion and out of proportion to the effort.
2. Pain over the heart. Not constantly related to exercise, varies in character and intensity, more at the apex than substernal.
3. Sense of general physical exhaustion at all times and under all conditions.
4. On the psychical side, irritability, periods of depression, introspective, and subject to insomnia.
5. Vascular symptoms such as giddiness, hot and cold flashes, and palpitation.

On examination very little is found in the heart. Slight dilatation and an apical systolic murmur may be seen. More striking, however, is the change in rate with changes in posture, exercise, or psychical disturbances.

The nervous system is hyperexcitable as shown by muscular tremors, exaggerated reflexes, and fluctuating vasomotor reactions.

In analyzing the condition it seems more of a general neurosis than one that could be ascribed to any heart failure.

The causes that have been given by the different authors during this war can be grouped as follows:

1. Strain.
 - a. Effect of previous sedentary lives.
 - b. Condition always present and war only precipitated it.
2. Toxemia.
 - a. Infections (other than heart).
 - b. Metabolic.
 - c. Tobacco, alcohol, etc.
3. Endocrine system.
 - a. Hyperthyroidism, etc.
4. Psychical.

The wide variety of cases probably indicates that the condition is not a clinical entity but a symptom complex with many etiologic factors behind it.

The subject is of interest to us here in two ways: First, these cases are to be seen in civil life as a result

of similar causes. It requires accurate diagnosis to distinguish it from true cardiac disease. The treatment in the one, however, is cardiac, in the other mental and physical upbuilding. Second, in examining recruits for the army one must not think only of the organic heart conditions. He must realize that other things may effect the cardiovascular apparatus so as to limit the efficiency of the soldier.

In discussion, Dr. Wynn said we have been too narrow in our conception of so-called heart disease. We must study the geography of the whole body. The heart has intimate relations with all the other vital organs and should be so studied if we are to get a comprehensive picture—the heart should especially be studied in connection with the nervous system. Toxic materials circulating in the blood may act on the ganglion of the heart or the nerve center controlling it. Whole group of symptoms named by Dr. Bonn are psychogenic or neurasthenic. Dr. Wynn illustrated by showing the effect of fright on the nervous symptoms of animals. He said "soldier heart" was frequently seen among mountain climbers and it was not alone due to the overexertion but added to this was the influence of fear and psychogenic influences.

Dr. Earp in discussing Dr. Bond's paper said that carelessness in nomenclature was one of the besetting sins in medicine. Terms are used to designate a group of symptoms that are not always in conformity with the pathology. It is not now agreed that soldier heart is a definite pathologic entity, at least it is a question whether or not there is a subnormal heart as the result of excitation. The condition seems to be functional. For fifty years the best minds have not furnished findings that show a substantial progress. We expected much help from the electrocardiograph, which is a valuable instrument of precision and an adjuvant. However, Krumbhaar is authority for the statement that the electrocardiograph furnishes valuable evidence about the relative size of the ventricles, locates the site and the origin of abnormal stimuli and accurately determines the various time relations of the cardiac cycle and the response to cardiac agents. By its analysis of arrhythmia many moot points have been settled, but as an indicator of the heart muscle, the most important item in the prognosis and treatment of heart disease, the limitations and possibilities of it have not been realized. In soldier heart it seems evident that there is not a disease of the heart per se, but we must regard the nervous system as the great factor and the heart secondary in importance so far as the etiology and pathology are concerned. Infective processes may be the cause of conditions which have a train of symptoms identical to those we assign to soldier heart. Every textbook describes many of these but they belong to other heart conditions. We must take in review very many associate conditions, the possibilities of the cardiac ganglia, and neurosis of the heart. Heart strain is not a cause, but it may bring in evidence some latent disease. Again we must bear in mind the results of mental excitement, altered blood states and toxins, all have a bearing, but so far as the heart is concerned it seems to be functionally influenced by other conditions in which the term neurosis is not foreign to the subject. In the treatment ordinary heart agents are futile, unless the nutrition of the myocardium can be bettered by them. Digitalis has not been successful because soldier heart is not a heart disorder. Freedom and rest to the mind, but not

necessarily the body, is important. Increase the defenses of the body, substitute something better for the morbid condition with the entire forgetfulness of self. Of course septic cases require an entirely different line of treatment. The so-called soldier heart cases are with us all the time and have been for years.

Meeting adjourned.

Attendance 40.

Hotel Washington—Feb. 26, 1918

Meeting was called to order by the president, Dr. Norman E. Jobes.

Minutes of the previous meeting were read and approved.

Dr. G. Link read a paper on "The Preliminary Thyroid Operations." No abstract.

In discussion, Dr. A. C. Kimberlin said it was hopeful that the preliminary preparation for thyroid work had received much attention similar to that in prostatic work of recent years. Thought the Mayos were too conservative. He had seen a number of cases returned from their clinic pronounced inoperable which should have been operated. Many of these cases get well with no operative interference.

A diagnosis is difficult and should receive the cooperation of the surgeon and the medicine man, and the medical man should have a voice in the kind of operation as well as in choosing the surgeon. The operation demands gentle and accurate manipulation. The reaction that follows depends largely on this. These cases should not be put to bed too long. One certain and clean ligation of the thyroid artery better than a ligation of the pole—the former is real poetry of surgery. Advance in the method in the last few years has created confidence in handling these conditions.

Dr. W. F. Baker: "Smallpox vaccination, Comparisons of Hypodermic and Acupuncture Methods." No abstract.

Dr. Kitchen reviewed the history of the hypodermic method and gave credit to Drs. Ford, Potter and Ferguson of this city for priority in its use. He was inclined to believe Dr. Baker's series was too few to form the conclusions stated. Said that intradermal injections of virus remain for a considerable period of time and is slowly absorbed, thus contributing further to immunization. A scar was not a desirable thing, but if it were so desired it might be secured by elevating the point of the needle after entering the skin. The fear of tetanus from the hypodermic method was not well founded. He thought a killed virus might be made that would eliminate any possible chance of this kind.

Dr. Morgan: From a public health standpoint the older method of vaccination is more desirable. Said many bad results from the old method was due to a failure of careful after-treatment of the wound. The scarifications usually too large.

He then described the method used by school inspectors. Said the acupuncture is better than the hypodermic method.

One objection and a considerable one was that you did not know when a "take" was had.

Meeting adjourned.

Attendance 64.

City Hospital—March 5, 1918

Dr. William S. Tomlin operated two tonsil cases, one by the Sluder and one by Braun's modification and explained the technic.

Dr. H. H. Wheeler showed a private case of hemorrhagic colitis which was making a nice recovery following an ileostomy.

Dr. T. C. Hood presented a case showing the effects of entropion following trachoma. Another case of iritis and described its course of treatment.

Dr. Sullivan showed a hernia case which had resisted the ordinary course of operative interference. The reduction was accomplished by an abdominal incision and pulling the gut from above.

Meeting adjourned.

Attendance 50. Dr. A. L. MARSHALL, Secretary.

BARTHOLOMEW COUNTY

The Bartholomew County Medical Society met in regular session March 12 at the County Hospital and was presided over by Dr. McCoy.

A resolution was passed favoring the Owen and Dyer bills and a committee of three was appointed (Drs. O. A. DeLong, F. D. Norton and J. W. Benham) to send a copy of the resolutions to Senators New and Watson and to our congressional representative, Lincoln Dixon.

Dr. F. W. Foxworthy of Indianapolis read a very interesting paper on "Duodenal Ulcer and Treatment of Hemorrhage Resulting from Same."

The superintendent of the hospital and nurses were present at the meeting and after it was over served lunch, consisting of fruit punch and cakes, after which a number of out-of-town doctors were shown through the hospital, of which we are very proud. The capable superintendent, Miss Austin, and her corps of excellent nurses received high praise.

Our next meeting will be April 9, and we have the promise of Dr. Kimberlin of Indianapolis to furnish the paper for the evening.

DELAWARE-BLACKFORD

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. building Friday evening, March 1, with President O. E. Spurgeon in the chair.

The Society voted to request our representatives to support the Owen-Dyer bill when the opportunity presents.

O. J. Gronendyke of New Castle read what the leader in discussion called a scientifically practical paper on "Heart Failure," saying in part: A few years ago the expression "heart failure" dropped into disrepute and it is questionable whether Dr. Hurty would accept it without qualification on a death certificate, yet it is a real thing, a formidable foe, and more significant than a mere mitral lesion or an aortic regurgitation. It is common to all ages and conditions, and every child should be carefully examined and watched after attacks of any infectious disease. Every person past 50 is a candidate for heart failure. The first indication that may alarm the patient is usually dyspnea, but long before this time the physician should have discovered a right ventricular weakness even though the only subjective symptom was

an unusual and increasing sense of fatigue following exertion. The family physician should be the guardian of the health of the family. He should feel perfectly free to step in, utter warnings and suggest treatment, when needed, even though his advice was not solicited. The custodian of the doctor's automobile does not hesitate to recommend needed repairs, then why should the doctor hesitate when the heart of the former or of his child needs attention?

In the failing heart the rapidity of the pulse increases, but the strength does not, and the systolic pressure never rises, but at once settles to below normal and takes a long time to return to normal.

The more experience and practice I get the more I realize how inefficient the stethoscope really is. It is not an essential in diagnosing many pathological conditions of the heart. Our senses of sight, palpation and hearing should be equally trained and regarded. A slight ventricular weakness may be diagnosed by observing veins in the neck. In nearly all cases of heart failure the myocardium is diseased.

We are often asked to explain whether an organic heart lesion is hereditary or not. If it is not, there are certainly some interesting and remarkable coincidental cases to be found in the practice of many physicians.

C. Melvin Mix: The diseased heart has an etiology that is usually preventable; is generally infectious in nature and is mainly grouped into two classes: the rheumatic (streptococcic) and the syphilitic. The treatment depends on the proper classification and always implies the removal of focal infection.

The enforced rest cure is the means of prolonging life in many instances.

C. A. Sellers: The rate gives us as much information as does the blood pressure in diseases of the myocardium. The pain of angina pectoris is elusive and may be delusive. Time and again symptoms and signs in other organs and parts (stomach, lungs, kidneys) detract our attention from the real cause, the heart.

G. W. H. Kemper: I agree most heartily with what Dr. Gronendyke says about the stethoscope. I am afraid our younger men are depending too largely on artificial aids in diagnosis: they should supplement and not supplant our natural senses. Serious heart lesions are on the increase; our impatience in business, our social unrest, our political turmoil and international strike all tend to weaken our hearts. Sometimes I do not wonder that a man's "heart fails him."

The paper was also discussed by W. A. Spurgeon, W. W. Wadsworth and O. E. Spurgeon.

Adjourned.

H. D. FAIR, Secretary.

THE TRUTH ABOUT MEDICINES**NEW AND NONOFFICIAL REMEDIES**

Since the publication of *New and Nonofficial Remedies*, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

TYPHOID VACCINE, PROPHYLACTIC.—A vaccine made from killed *Bacillus typhosus*. The vaccine is used for the prevention of typhoid fever, for which purpose typhoid vaccines are of recognized utility. Marketed in different sized containers, containing 500 million and 1,000 million killed *Bacillus typhosus* in 1 Cc. Eli Lilly and Company, Indianapolis.

TYPHOID VACCINE, THERAPEUTIC.—A vaccine made from killed *Bacillus typhosus*. The vaccine is proposed for the treatment of typhoid carriers and as a concomitant measure to the usual routine of typhoid therapy. Marketed in different sized containers, containing 100, 250, 500 and 1,000 million killed *Bacillus typhosus* in 1 Cc. Eli Lilly and Company, Indianapolis.

TYPHOID MIXED VACCINE (TYPHO-BACTERIN MIXED).—A vaccine made from killed alpha and beta *Bacillus paratyphosus* and *Bacillus typhosus*. The vaccine is used for the immunization against typhoid and paratyphoid fevers and in the treatment of mixed infections of the typhoid bacillus and the paratyphoid bacilli. Marketed in different sized containers, containing 250 million alpha and beta *Bacillus paratyphosus* and 1,000 million *Bacillus typhosus* in 1 Cc., and 500 million alpha and beta *Bacillus paratyphosus* and 1,000 million *Bacillus typhosus* in 1 Cc. Eli Lilly and Company, Indianapolis.

BULGARIAN BACILLUS TABLETS-MULFORD.—Tablets containing a practically pure culture of *Bacillus bulgaricus*. Used in the prevention and treatment of conditions due to intestinal putrefaction. Marketed in vials containing fifty tablets. An expiration date is stamped on the label. H. K. Mulford Company, Philadelphia (*Jour. A. M. A.*, March 2, 1918, p. 623).

ARSENOBENZOL (DERMATOLOGIC RESEARCH LABORATORIES) 1 Gm. AMPULES.—Each ampule contains 1 Gm. arsenobenzol (Dermatologic Research Laboratories), a brand of arspenamine complying with the New and Nonofficial Remedies standards. These ampules are prepared for use in hospitals in divided doses. Dermatologic Research Laboratories, Philadelphia Polyclinic, Philadelphia.

HALAZONE-MONSANTO.—A brand of halazone complying with the New and Nonofficial Remedies standards. Halazone is parasulphonedichloraminbenzoic acid. The Monsanto Chemical Company, St. Louis, Mo.

PROCAINE-ABBOTT.—A brand of procaine complying with the New and Nonofficial Remedies standards. Procaine was first introduced as "novocaine." Chemically it is the monohydrochlorid of para-aminobenzoylethyl-amino-ethanol. It is used as a local anesthetic as a substitute for cocaine. The Abbott Laboratories (*Jour. A. M. A.*, March 16, 1918, p. 779).

PROPAGANDA FOR REFORM

SHOTGUN NOSTRUMS.—As the soldier of today uses a rifle instead of a blunderbuss, so the modern physician uses single drugs rather than shotgun mixtures. There are many types of "shotgun" nostrums. Some are dangerous, as in the case of "Bromidia"; some are preposterous therapeutic monstrosities which excite the contempt of educated physicians, as in the case of "Tongaline"; some are merely useless mixtures of well known drugs sold under grotesquely exaggerated claims, as in the case of "Peacock's

Bromides." It is impossible to determine from the published formulas just how much hydrated chloral and potassium bromide Bromidia contains, but it is probable that there are about 15 grains of each of these two drugs to the fluidrachm and variable amounts of Indian cannabis and a small amount of either extract or tincture of hyoscyamus. Bromidia is a distinctly dangerous mixture for indiscriminate use, particularly so if the advertising creates the impression that in it the chloral hydrate has been deprived of its untoward effects. Tongaline is said to consist of tonga, *cimicifuga racemosa*, sodium salicylate, colchicum and pilocarpin. This jumble of drugs would be merely ludicrous, if anything that degrades therapeutics could be considered so lightly. Peacock's Bromides is said to consist of the bromides of sodium, potassium, ammonium, calcium and lithium. The exploiters claim superiority over extemporaneously prepared mixtures because of the absence of contaminating chlorids said to be present in commercial bromids. The truth is that the chlorids are used as antidotes in bromid poisoning. Bromidia, Tongaline and Peacock's Bromides have been the subject of reports of the Council on Pharmacy and Chemistry (*Jour. A. M. A.*, March 2, 1918, p. 642).

SOME MISBRANDED NOSTRUMS.—"Notices of Judgment," reporting prosecutions for misbranding under the Federal Food and Drugs Act, have been issued for the following: Hayseen's Sure Goitre Cure Balsam, a solution of potassium iodid in water, sugar and alcohol. Hayseen's Sure Goitre Ointment, containing petrolatum and potassium iodid.—MacDonald's Atlas Compound Famous Specific No. 18, consisting essentially of sodium sulphate, sodium bicarbonate, a laxative plant drug (apparently aloes), ginger, a small amount of phosphate, a trace of alkaloid and talc.—Faucine, said to be a "warranted remedy" for piles, diarrhea, dyspepsia, scratches of horses and "good" for female complaints, "hog cholera" and other conditions.—Contrell's Magic Troche, containing a little ipecac and claimed to cure catarrh, asthma and diphtheria.—Benn Capsules contain strychnin, arsenic, iron and water soluble sulphates, and are sold as a cure for dyspepsia, backache, headache, leukorrhea, falling of the womb, etc.—Collins' Voltaic Electric Plasters, claimed to relieve pain and inflammation of the kidneys, of value in fever and ague and "good" for simple bone fracture, and would relieve many cases of bronchitis and asthma, female weakness, etc.—Mother Noble's Healing Syrup, containing vegetable cathartic drugs, iron chlorid, Epsom salt and sand.—Stuart Buchu and Juniper Compound, containing no appreciable amounts of buchu and juniper (*Jour. A. M. A.*, March 9, 1918, p. 718).

MEDeOL SUPPOSITORIES.—The Council on Pharmacy and Chemistry reports that Medeol Suppositories appear to be an imitation of Anusol Suppositories, which in 1907 were found inadmissible to New and Nonofficial Remedies. "Anusol" was formerly said to be bismuth iodoresorcinsulphonate, but after publication of an analysis in the A. M. A. Chemical Laboratory in 1909, this claim was abandoned and today Anusol Suppositories are said to contain unstated amounts of the indefinite "bismuth oxyiodid and resorcinsulphonate." "Medeol" is said to be "resorcinated iodo bismuth," but no information is vouchsafed as to the character or composition of

the ingredient. As the composition of the two preparations are similar, so are also the therapeutic claims. The Council declared Medeol Suppositories inadmissible to New and Nonofficial Remedies because their composition is secret, because unwarranted therapeutic claims are made for them, because the name is objectionable, and because the combination is unscientific (*Jour. A. M. A.*, March 9, 1918, p. 719).

SODIUM CYANID.—Loevenhart, Lorenz, Martin and Malone report experiments looking toward the use of sodium cyanid, administered intravenously, as a means of stimulating respiration in threatened collapse from drowning, etc. (*Jour. A. M. A.*, March 9, 1918, p. 692).

HYPOPHOSPHITES FOR THE ARMY.—The purchasing department of the medical department of the U. S. Army asks for bids on three tons, in one pound bottles, of the "Compound Syrup of Hypophosphites." These six thousand bottles of a relic of past generations must be paid for and are to occupy valuable freight space in shipping to various Army posts (*Jour. A. M. A.*, March 16, 1918, p. 783).

MELUBRIN.—Chemically, melubrin is closely related to antipyrine. It acts as an antipyretic and analgesic and is said to be useful in sciatica, neuralgias and in febrile affections, and as an antipyretic in febrile affections. In Sollmann's Pharmacology, in a discussion of coal-tar antipyretics, it is stated that practical experience has shown that acetphenetidin, acetanilid and antipyrine are the most useful representatives of the group, and that all the others may well be spared (*Jour. A. M. A.*, March 23, 1918, p. 874).

THYROID HYPERPLASIA AND IODIN.—The evidence indicates that simple goiter is associated with a deficiency of iodine in the thyroid gland and that goiter formation may be prevented by iodine administration. Marine and Kimball have undertaken a study of goiter prevalence and its prevention by administration of iodine at the request of the Committee on Therapeutic Research of the Council on Pharmacy and Chemistry. In a complete census of the condition of the thyroid gland in girls from the fifth to the twelfth grades of a school population of a large community at the southern edge of the Great Lakes goiter district, they found that 2,184, or 56 per cent., had enlarged thyroids, 13 per cent. having well defined persistent thyroglossal stalks (*Jour. A. M. A.*, March 23, 1918, p. 848).

TYREE'S ANTISEPTIC AND ASEPTINOL.—Revolutionary changes in the medical sciences have been so numerous and so rapid that the general practitioner has been unable to keep pace with them. In the resulting confusion the nostrum maker has seen his opportunity for exploiting his useless, unscientific or dangerous preparation. Because of the danger of therapeutic chaos, the American Medical Association established the Council on Pharmacy and Chemistry to place the results of therapeutic progress before the medical profession in an impartial manner. Are you availing yourself of the work of the Council, or are you prescribing proprietaries on the advice of their promoters or are you using drugs of established value? Are you prescribing "Tyree's Antiseptic," so-called, or are you using an antiseptic

about which there is no mystery, for which no false claims are made and which is really effective?

Tyree's Antiseptic Powder was claimed to be a combination of "borate of sodium, alumen, carbolic acid, glycerin and the crystallized principles of thyme, eucalyptus, gaultheria and mentha." "Pulv. Aseptinol Comp." is claimed to combine boric acid, the salts of aluminum, crystallized phenol, and the active crystalline principles of thymus, mentha and gaultheria. As a twin may differ from his brother by a wart, so Aseptinol was claimed to contain hydrastis canadensis in addition. An analysis of Tyree's Powder showed it to be essentially a mixture of boric acid, zinc sulphate with insignificant amounts of odorous principles. In view of the misrepresentation in one case, it is difficult to understand why it should have been taken for the model of the other. These twin nostrums have been exploited by similar preposterous claims; they are utterly unfit for the treatment of the various conditions for which they are or have been recommended.

More important than the relative merits of nostrums such as these is the question whether the medical profession is going to help to perpetuate the chaotic conditions that the use of such nostrums fosters (*Jour. A. M. A.*, March 30, 1918, p. 949).

COMPATIBILITY OF PHENOLPHTHALEIN.—It is better not to combine several laxatives, but those who believe in doing this may combine phenolphthalein with drugs that can properly be prescribed in powders or pills as, for instance, calomel. Since phenolphthalein and calomel are both tasteless, they may be prescribed in powders or enclosed dry in capsule, cachet or wafer, the amount of each ingredient being estimated according to the susceptibility of each patient (*Jour. A. M. A.*, March 30, 1918, p. 950).

BARBITAL (VERONAL) CLASSED AS A POISON BY ENGLAND.—Because of frequent reports of accidents and habit formation, the Privy Council of Great Britain has classified as poisons "diethyl-barbituric acid, and other alkyl, aryl, or metallic derivatives of barbituric acid, whether described as veronal, propional, medinal, or by any other trade name, mark or designation; and all poisonous urethanes and ureides." As a result veronal will seldom be dispensed except on a physician's order, and that a record of such sales will be kept in the pharmacist's poison book. (The official name for diethyl-barbituric acid of the British Pharmacopoeia is barbitone; in the United States the official designation for this product is barbital.) (*Jour. A. M. A.*, March 30, 1918, p. 953).

BOOK REVIEWS

OBSTETRICS. Vol. VII of the Practical Medicine Series for 1918. Edited by Joseph B. DeLee, A.M., M.D., Professor of Obstetrics, Northwestern University Medical School. With the collaboration of Eugene Cary, B.S., M.D., Assistant Gynecologist St. Luke's Hospital; Instructor in Gynecology Northwestern University Medical School. Cloth \$1.35 net. Price of series of ten volumes, \$10. The Year Book Publishers, Chicago.

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subject for the past year. The many editorial comments interpolated by the reviewers make this review of greater interest and value than the average review one is accustomed to read.

PRINCIPLES OF MENTAL HYGIENE. By William A. White, M.D., with an introduction by Smith Ely Jelliffe, M.D., Ph.D. Cloth. The Macmillan Company, New York, 1917.

In this book the author discusses the problems of mental hygiene and methods by which these problems may be answered. The manner in which the subject is treated shows quite clearly that the author has made a deep study of this question. His appeal to all concerned to devote more attention to these problems and the solution thereof is very timely. Not only physicians and medical students, but psychologists, pedagogues, social service workers, clergymen, so-called "uplift workers," and many other groups of people ought to learn what such an authority as this author has to tell on the subject of mental hygiene.

MANUAL OF SPLINTS AND APPLIANCES. For the Medical Department of the United States Army. Cloth 75 cents net. Oxford University Press. American Branch, 35 West Thirty-Second Street, New York, 1917.

This is the report of a board of American medical officers convened in France for the purpose of standardizing certain Medical Department supplies and appliances to be used in the Medical Department of the U. S. Army. This manual is not intended to be a complete treatise on the treatment of orthopedic lesions, but it is intended to serve as "a practical, time-saving guide" for the military surgeon. The

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board has recommended that this manual be distributed to all U. S. Army medical officers at home and abroad. Civilian physicians using splints and similar appliances ought to know for their own benefit the report and recommendations embodied in this manual.

MILITARY ORTHOPAEDIC SURGERY. Medical War Manual No. 4. Prepared by the Orthopaedic Council. Illustrated. Cloth \$1.50. Lea & Febiger, Philadelphia and New York, 1918.

This medical war manual, like the others, has been authorized by the Secretary of War, and is issued under the supervision of the Surgeon-General and the Council of Defense. The valuable experience obtained by our allies has been made use of quite liberally in the compilation of this manual. In the supplement is given the latest information on methods of fixation—including additional apparatus and methods selected and adopted from the manual prepared by the board of medical officers in France. All this new information ought to be of the greatest interest and importance to all those interested in this branch of surgery.

SKIN AND VENEREAL DISEASES. Vol. IX of the Practical Medicine Series for 1917. Edited by Oliver S. Ormsby, M.D., Professor and Head of the Department of Skin and Venereal Diseases, Rush Medical College; and James Herbert Mitchell, M.D., Hyde Memorial Fund Fellow, Assistant in Cutaneous Pathology, Rush Medical College. Cloth \$1.35. Price of series of ten volumes, \$10. The Year Book Publishers, Chicago.

In this volume of 220 pages the authors present all events of importance occurring during the past year in their special branch of medicine. What they present ought to be of real interest to the great body of general physicians as well as the specialists. One can better appreciate the value of the mass of information thus presented only by going through every page of this book.

NERVOUS AND MENTAL DISEASES. Vol. X of the Practical Medicine Series for 1917. Edited by Hugh T. Patrick, M.D., Professor of Neurology in the Chicago Policlinic, Clinical Professor of Nervous Diseases in the Northwestern University Medical School; and Lewis J. Pollock, M.D., Instructor in Nervous and Mental Diseases, Northwestern University Medical School. Cloth \$1.35. Price of series of ten volumes, \$10. The Year Book Publishers, Chicago.

Much valuable experience along several lines of nervous and mental diseases is being accumulated not only in the military services but in all medical work. This experience is bringing out some rather important new information. Those who desire a very good summary of this progress should read the review contained in this volume.

AMERICAN ILLUSTRATED MEDICAL DICTIONARY (DORLAND). Ninth Edition, Revised and Enlarged. Edited by W. A. Newman Dorland, M.D. Large octavo of 1179 pages, with 331 illustrations, 119 in colors. Containing over 2,000 new terms. Philadelphia and London: W. B. Saunders Company, 1917. Flexible leather, \$5 net; thumb index, \$5.50 net.

This is a dictionary of terms used in medicine, surgery, dentistry, pharmacy, chemistry, veterinary science, nursing, biology and kindred branches. This

new ninth edition represents a revision and an increase in the amount of information supplied. The work is really of an encyclopedic character. Besides the ordinary dictionary matter it includes a large amount of information arranged in tabular form. Aside from the new and elaborate tables of arteries, muscles, veins, nerves, etc.; of bacilli, bacteria, diplococci, micrococci, streptococci, ptomaines, leukomains, weights and measures, eponymic tables of diseases, operations, signs and symptoms, there have been added new tables on stains and staining methods, methods of treatment, etc. An important and most valuable feature is that pertaining to pronunciation, derivation and definition of words and terms, and the terse though comprehensive manner in which definitions have been worded so that the meaning is made perfectly clear. The mechanical features could scarcely be improved on. The book is of convenient size, and bound in limp leather it lies flat wherever the pages are opened. The work merits the very general commendation given it, and for the medical student and practitioner we believe it to be by all odds the best dictionary published. We therefore take great pleasure in recommending it unreservedly.

SURGERY AND DISEASES OF THE MOUTH AND JAWS.

A Practical Treatise on the Surgery and Diseases of the Mouth and Allied Structures. By Vilray Popin Blair, A.M., M.D., F.A.C.S., Professor of Oral Surgery in the Washington University Dental School, and Associate in Surgery in the Washington University Medical School. Third Edition. Revised so as to incorporate the latest war data concerning gunshot injuries of the face and jaws. Compiled by the Section of Surgery of the Head, Sub-Section of Plastic and Oral Surgery, Office of the Surgeon-General of the Army, Washington, D. C. With 460 illustrations. Cloth \$6.00. St. Louis: C. V. Mosby Company, 1917.

This work already is very well known through its first and second editions. It has now been revised with the idea of presenting the newer experience and knowledge gained in relation to injury and sepsis, and the treatment thereof. This revision has been done by the Section of Surgery of the Head, Sub-Section of Plastic and Oral Surgery, whose headquarters are in the offices of the Surgeon-General of the Army. This Section has had access to the reports and recommendations, written and verbal, based on the observations of many of the workers in this branch of military surgery. Incorporated in this volume, in correlated form is the crux of the important and valuable information thus obtained.

However, this new volume is intended for surgeons and dentists in civil practice as much as for those in military service. In fact, practicing physicians in general can find a great deal of very useful information in this revised edition. A great deal of attention is here devoted to the subject of infection of the teeth, periodontal tissues, of the floor of the mouth and neck, and similar subjects. More knowledge along these lines in particular is very much needed by every class of practicing physicians. In furnishing such knowledge this book serves a very useful purpose, indeed.

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THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 25, 26 and 27, 1918

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*No election held in 1915.

†No election held in 1916.

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ORIGINAL ARTICLES

REVIEW OF PUBLIC HEALTH WORK IN INDIANA *

J. N. HURTY

Secretary Indiana State Board of Health

For the present Indiana health law, and consequently for all the good which may have come from the same, the Indiana Medical Association has all the credit and praise.

The first effort to secure a public health law in Indiana was made by this association in 1855. The effort failed at that time and was not seriously attempted again until 1875. In that year, Dr. Thaddeus M. Stevens, of Indianapolis, made a motion that a Committee on State Board of Health be appointed. The motion prevailed, and to the said committee the following named gentlemen were appointed:

Thaddeus M. Stevens, M.D., Indianapolis; James S. Anthon, M.D., Indianapolis; J. W. Hervey, M.D., Indianapolis; Z. W. Burton, M.D., Mitchell. All of these gentlemen were busy, indeed very busy practitioners.

This committee drafted a bill to establish a state board of health, and introduced the same into the legislature of 1875. It failed to pass. The same committee introduced a similar bill at the next session of 1877. It passed the senate, and, after certain amendments, passed the house, but the senate failed, for some reason, to concur in the bill as amended.

Until the year 1878, the idea of the formation of a state board of health, or the enactment of state laws regarding public hygiene, was too often confounded with efforts to have laws passed regulating the practice of medicine. Seeing the difficulties that would result from such a confusion of subjects, Dr. Stevens introduced

the following resolution at the session of the Indiana State Medical Society, 1878:

"Resolved, That a committee of three be appointed to draft a bill for the 'Regulation of the practice of medicine in Indiana, and also to define the duties and privileges of pharmacutists and druggists within the state, and that such bill shall be put upon the basis of equal recognition of all schools and sects of medicine so far as the examination of candidates for practice and their privileges are concerned, they to have separate boards.'"

A committee was formed in accordance therewith, since which time the two subjects mentioned have been intelligently separated.

At the same meeting of the society the following resolutions were offered by Dr. Stevens:

"Resolved, That the Committee on State Board of Health as now constituted by this Society, shall be called the State Health Commission, with power to associate with them a competent civil engineer, and that the state geologist shall be an ex-officio member of such commission. That the duties of such commission shall be to make investigation as to the causes and means of preventing disease in the state, and that they, at any time they see fit, may petition the legislature for police power, so that they can enforce such measures as they may deem necessary to the object above mentioned.

"Resolved, That in cases of vacancies occurring in such Board of Commissioners, they shall be filled by the State Society."

The Committee on State Board of Health, composed as above mentioned, and who by the above resolutions were authorized to add to their number, and so form the Indiana State Health Commission, met at the Grand Hotel, Indianapolis, in October, 1878, and organized by electing Lemuel Moss, D.D., of Bloomington, and J. L. Campbell, LL.D., of Crawfordsville, members. E. T. Cox, state geologist, was also, in accordance with the action of the state society, a member ex-officio.

The commission further organized as follows: Wilson Hobbs, M.D., president; Thaddeus M. Stevens, M.D., secretary; G. W. Burton, M.D.,

* From State Year Book, 1917.—Advance Copy.

treasurer; J. L. Campbell, LL.D., civil engineer; Lemuel Moss, D.D., J. W. Hervey, M.D.; Prof. E. T. Cox, ex-officio member.

Subsequently a bill was drawn up to confer police powers on the commission, in accordance with the resolution above mentioned.

During December, 1879, the commission formed local or district health commissions, consisting of a chairman for each and a member from each county society; the duties of such district commission to be to collect sanitary and vital statistics in their localities, and report the same to the secretary of the state health commission.

At the session of the Indiana State Medical Society, held May, 1880, the following resolution was adopted:

"Resolved, That the Indiana State Medical Society direct each county society in the state to require of each of its members to keep a record of birth and sex of these born, of death and causes of death as occurring in their practice, and a note of any epidemic or endemic diseases in their precincts; also such other facts as they may deem proper in connection with vital and sanitary statistics, and report the same to the local commission as instituted by the State Health Commission so that said local commission can report the same to the State Health Commission for the purpose of making a condensed report to the State Medical Society, and that each county society shall cause to have issued blanks to each of its members, according to a form to be furnished by the State Health Commission, and that the Secretary of this Society notify each county society of this action, etc."

Dr. Stevens, in commenting on this resolution, said:

"Thus is formed a complete chain from state to local health commissions, and to each physician of the state belonging to organizations over which the parent one, the state medical society, has control.

"Only two links in the chain of a perfect working organization are lacking, viz.:

"1. Police power conferred on the state and local commission or similar bodies.

"2. Means to defray expenses.

"Those two links must be supplied by the legislature of the state. To this end we hope the commission, the profession and people in general will work."

In a review of the reports of the Indiana Medical Association may be found many papers on the subjects of state medicine and hygiene. In 1873, Dr. Sutton of Aurora presented a report on "Diseases of Indiana for the Year 1872." He said: "At the meeting in the spring of 1870, it was suggested that some plan should be adopted by which we might have the annual

report of facts, showing the health or sickness in the different counties, the prevailing diseases, the season of the year in which different forms of disease most frequently prevailed, etc. To procure such information, committees were appointed at that time in each congressional district, who were to report to the society at its next annual meeting. This plan, after being tried two years in succession, not succeeding as well as desired, a committee was appointed at the last meeting (1872) to collect facts and report to a chairman, who was to condense and embody the information received into one report, to be presented at this meeting of 1873. Dr. Sutton made a report embracing forty-two counties, reviewing the diseases prevalent in the different months and giving the opinions of the various writers from their respective counties concerning their sanitary conditions and sanitary needs."

In the report of 1874, Dr. Washburn of Logansport, in an article entitled "Medical Legislation," speaks of the necessity of the state collecting accurate vital statistics, and urges that a proper registration law be enacted. In the report of 1875, Dr. Stevens read a paper entitled "State Boards of Health." He said, "We hope this society will not adjourn without appointing a committee whose duty it shall be to advocate this step and bring it before the profession and the people." In the report of 1876, we find that the president's address, Dr. Helm of Peru, was wholly devoted to advocating the passage of a health law establishing a state board of health and registration. He thoroughly presented the subject and made a plea that the society arouse and do all it could to further the efforts of its committee in this matter. In the report of 1877, Dr. Hervey of Indianapolis read an exhaustive paper entitled, "How to Secure Medical Legislation." He therein eloquently urged the passage of a state health law.

In the report of 1878, Dr. L. D. Waterman, the president, devoted his official address to the subject of state medicine. He said in part: "In this state, no enactments to protect the people from unnecessary diseases and epidemics have been passed." He announced this condition to be a disgrace to the state and urged the association to stronger effort in the matter of health legislation. Dr. Waterman exhaustively reviewed the economics of health control, estimating the value of a human life unnecessarily lost at \$1,000. In the report of 1879, Dr. Stevens read a paper entitled, "Report of Public Hygiene in Indiana." In this paper, Dr. Stevens

ably set forth an argument in favor of the supervision of the public health by the state.

In the report of 1880 will be found President Weist's address entitled, "Problems in Relation to the Prevention of Disease." In his address, he said: "While we as physicians mean to give our chief thoughts to the practical facts of medicine that we may relieve suffering and thus lessen the sum of human sorrow, we will fail in the transport of our whole duty, if we do not recognize that outside of the sick chamber and beyond the limits of hospital wards, lies our highest work—work that has for its object the prevention of disease, not its cure. In this same report of 1880 will be found an article by Dr. Hervey entitled, "Some of the Unsolved Problems of Public Hygiene." In this paper, Dr. Hervey, in his well-known eloquent manner, again made a plea for the legal protection of the people against unnecessary disease and death.

The following year, 1881, Dr. Hervey was the president of the society, and the subject of his address was "The Advance of Medicine." This meeting of 1881 was unusually rich in articles on hygiene. Including the address of the president, there were four papers as follows: "Sanitary Progress," Dr. J. W. Crompton; "State Medicine," Dr. Stevens; "Hygiene," Dr. Hervey; "Infectious Diseases," Dr. L. C. Johnson. In this year was passed the first health law of the state of Indiana.

The first annual report of the State Board of Health of Indiana was for the year ending Oct. 31, 1882. The members of the board were Dr. J. W. Crompton, Evansville, Ind.; Dr. William Lomax, Marion, Ind.; Dr. W. W. Vinnege, Lafayette, Ind.; Dr. J. M. Partridge, South Bend, Ind.; Dr. Thaddeus N. Stevens, Indianapolis. Dr. Crompton was the president, and Dr. Stevens the secretary and executive officer. This first report is an exceedingly valuable one. It gives in detail the work of the board, contains various essays on sanitary subjects and presents the first official tables of vital statistics for Indiana. The population of the state in 1880, according to United States statistics, was 1,909,916. The total deaths reported from all causes was 11,398, showing a death rate of 5.96 to each one thousand of population. This fact indicated that certainly less than one-third of the deaths were reported, for surely the death rate could not have been at the time less than 18 to 20 in the thousand. It was therefore apparent that the first effort to collect the vital statistics of Indiana, while not wholly a failure, was far from being a success.

Although all that time, the board put forth most strenuous exertions to secure accurate reports of births, deaths, marriages and contagious diseases, poor success attended their efforts. In the report for 1900 issued by the state board of health the number of deaths reported was 15,846. This calculated to an estimated population of 2,500,000, gives a death rate of 6.3 to one thousand of population. We observe here only a very slight improvement in vital statistic reports between the years 1881 and 1896. If we were to go deeper into the analysis of this matter, we would find that, on the subjects pertaining to vital statistics, it was possible to obtain only about one-third of the real number.

The health law which was passed in 1891, and is but a modification of the law of 1881, says, Section 10, "It shall be the duty of all physicians and accoucheurs in this state, to report to the secretary of the board of health of the town, city or county, in which they may occur, all births and deaths which may occur under their supervision, with a certificate of the cause of death, and such correlative facts as may be required in the blank forms furnished, as provided in this act. When any birth or death may occur, with no physician or accoucheur in attendance, then such birth or death shall be reported by the household where, or under whose observations, such birth or death may occur, with the cause of death, if such be known."

It may seem strange that under this very positive law, so unmistakable in its language, that it was impossible with the most strenuous exertions to collect anything like correct vital statistics in the state of Indiana.

A slight effort, however, to collect the vital statistics of the state, disclosed where the trouble lies. In the first place, the state health law made the county commissioners, the councils of cities and the town trustees of towns, boards of health ex-officio. It further required that these boards of health should appoint a secretary, who shall be health officer and serve one year from the first of January next ensuing, the compensation of said health officer to be determined by the appointing authority. It is obvious that an officer whose tenure is but one year cannot become proficient in his work. It was found actually to be the case that new health officers enter on the duties of their office with nothing like a good understanding of what these duties were. It was usual for practitioners desiring this place to bid for it. If the preceding officer has received a compensation of \$100 per year, numerous applicants would appear who

would offer to do it for varying amounts, less than what had been previously paid.

As the appointing power was composed of citizens who had never given a single thought to the subject of hygiene, and who, consequently, did not appreciate its importance, this matter of lowness of bid for the position is a great hindrance. It therefore not infrequently happened that the men who were not actuated by high motives and who were not moved by the forces which make medicine scientific and honorable, found positions in the health service. Despite, however, the demoralizing conditions which were bred by the law, there were in the health service a large number of the noblest practitioners of the state. These were the ones who collected and presented the most accurate and reliable reports. From the other class, it was frequent to hear the argument, when pressed to put forth greater efforts to do good work, that the pay does not warrant them in doing more than they have done. One great trouble, therefore, in the correct collection of vital statistics, seemed to lie in the tenure of office given to health officers and the method of compensation.

On the part of physicians, when they were reproached for not promptly reporting as the law commanded, the argument was frequently heard that the state has no right to impose a duty on its citizens without according proper compensation, and therefore the statute is unconstitutional. In reply to this the attorney-general said: "All physicians hold a special license and are protected by the state, and this would be class legislation if the state were not permitted in turn to impose duties on the physicians for their privileges." The attorney-general further said: "We need not inquire whether the provisions of the statute are unjust or not. These matters are for consideration of the legislative department of the government. We may observe that it is difficult to discover any injustice in requiring the medical profession to make known to the work statistics which may promote and are promoting the public health." That the state society undoubtedly believe that it was the moral and professional duty of the medical profession to make reports of births, deaths and other matters pertaining to vital statistics, was proved by the resolutions which it passed, calling on its members to voluntarily report.

DISEASE PREVALENCE

Beginning January, 1898, the state board of health began the collection each month of reports on disease prevalence. The method adopted was that known as the Michigan

method, the same having been in use in that state for over twelve years, and securing to that state most valuable information. One or more observers are selected in each county and the postal card blanks which are sent out set forth plainly the observer's opinion as to the prevalence of disease for that month in the region under his jurisdiction.

Another advance made in state sanitation at that time was a provision of the state board whereby physicians might have certain bacteriologic and chemical examinations made, without cost. The legislature appropriated \$1,200 as a special sum for the suppression of contagious diseases. It was this sum from which the cost of food analyses, water analyses and bacteriologic examinations for the diagnosis of diphtheria and consumption was paid. Any physician could invoke the aid of the health authorities in the above way.

Another advance which seemed worth mentioning is the publication of a *Quarterly Health Bulletin*. Said *Bulletin* gave the analysis of the statistics reported for its quarter, also a report of disease prevalence, and any matters which might seem to be of general sanitary interest.

The state board in 1897 gave the following table during the status of typhoid in Indiana and three other states:

RATE PER TEN THOUSAND DEATHS				
	Mass.	Ohio	Mich.	Ind.
Typhoid fever.....	3.1	5.5	4.1	13.4
Consumption	21.2	20.4	19.4	20.0
Diphtheria	7.8	7.2	8.2	9.8
Scarlet fever.....	2.1	1.2	2.2	1.3

"All but Indiana," said the report, "have put forth extra efforts to prevent typhoid fever and diphtheria, and not until very lately have unusual exertions been made in any of the states to control and suppress consumption. The efforts made in all the states named, to suppress and control diphtheria and scarlet fever, are of the same character, viz., quarantine and its attendant precautions. The introduction of diphtheria anti-toxin has certainly lessened the mortality from diphtheria, and it is probably that to this agent we must look for still further improvement. From the table it will be observed that Massachusetts, Ohio and Michigan have worked hard, with a good measure of success, to suppress typhoid fever. The rate per ten thousand deaths, from typhoid in Massachusetts, is 3.1; in Ohio, 5.5; in Michigan, 4.1; while in Indiana it is 13.4. What a serious comment this is upon our state. Why should Indiana permit ten people to die, where Massa-

chusetts saves them; disease and death are not a source of wealth and power and we can ill afford to permit this fearful destruction to continue. It is a reflection, too, upon the morals of the state, for typhoid fever, like sin, is a reproach to any community. One thousand, four hundred and eighteen deaths were reported from this disease in 1897, and as shown above, this cannot be more than one-third of the real number. We must, therefore, estimate the deaths from this preventable disease to have been in the neighborhood of four thousand. This means at the very least twenty to twenty-five thousand cases. What a fearful waste of life and what an awful subordination of liberty and loss of happiness. Prodigious indeed is the responsibility of the medical profession in this matter.

"The cure of the trouble lies first, in disposing of the wastes of life by proper sanitary methods, and second, in securing to every home, pure drinking water. In Indiana, as in other states, typhoid seems to be a rural disease. That is, if we count with what is truly rural our small towns and hamlets. Well drained cities, possessing good water supplies, always have low typhoid rates."

"It seems fair to account in the following way for the prevalence of typhoid and bowel disorders on the farm: A man buys a farm. A site for his house is selected almost entirely from the standpoint of convenience, health not materially entering into the calculation. Water is supplied by digging a hole into the ground or driving down an iron pipe. The position of the well is in the rear of the house, and if the surface contour permits, is frequently placed below the level of the house in order to save digging or driving so deep as would be necessary on higher ground. The next step is to establish, not too far from the house and well, a privy and its vault or perhaps a cheap privy standing flat on the ground. The stable and barn are erected nearby, instead of being placed at a distance. Living at this place now begins. All goes well for a few years. It is not long, however, until there is more or less complaint of summer nausea and diarrhea. Indigestion, too, appears, despite the farmer's outdoor life and ample food. The doctor is called, tonics and digestives are given and temporary relief is secured. If warned concerning drainage and water supply and if the warning is heeded, the cause of the illness is removed and health improved. Otherwise the next summer finds matters not improved, probably worse. Finally

typhoid having been bidden, obeys the call. The susceptible have the disease and the weak are borne to their last resting places. A measure of immunity is secured by those who survive, and those who did not have the disease were probably immune. Had the well been driven in the front yard, had an earth closet been built and sanitarily conducted, had the family properly cared for their garbage and household slops, had the barn been built at a good distance from the house, had the house been well above the ground with a dry, clean cellar beneath, typhoid would not have found there a congenial soil."

Realizing the importance of hygiene, and the growing demand for experts trained in matters pertaining to the public health, Purdue University, in 1895, established a Department of Sanitary Science. Aside from the required general subjects the junior students attending the University are offered courses in technical chemistry, microscopic technic, and biology of water supplies, with an elective in chemistry or biology. The seniors are given organic and physiological chemistry, bacteriology and a general course of lectures in sanitary subjects, such as the germ theory of disease and its practical applications, vaccination and immunity, the pollution and purification of water supplies, methods of sewage disposal, theory and the practice of sand and mechanical filtration of sewage and water, etc. These senior studies are required as well in the premedical course, which was also established in 1895.

The first year (1895-96) bacteriology was taken by eight students, six being regular seniors from the science, premedical and agricultural courses, and two graduate students who were taking special work in sanitary science. The second year the number was six, one graduating from the regular sanitary science course, the others being science and premedical.

In 1896, the Sanitary Science Department of Purdue issued five bulletins relating to the public health:

No. 1. The Nature of Sanitary Science and Its Value to the State.

No. 2. Some Sanitary Aspects of Milk Supplies and Dairying.

No. 3. On the Purifications of Water Supplies of Cities and Towns.

No. 4. Typhoid Fever in Indiana and Its Possible Connection with the Water Supplies.

No. 5. Sewage Disposal of Cities and Towns.

THE HEALTH LAWS OF INDIANA

The first health law passed in 1881 and already referred to, was amended in 1891 and made less effective for the amendment modified the clause commanding the reporting of infectious diseases, deaths and births, so that it had little force. In 1909 the original health law was again amended and made better, indeed very much better in many respects. Through amendment, the vital statistics part was left out entirely and an entirely new vital statistics law written and passed, however, the said vital statistics law was not passed until 1913.

In 1903 the quarantine law was passed. This law was written principally by an attorney, who was a member of the legislature, and who had had smallpox. He felt aggrieved at the way he had been treated under the health law and therefore was interested in what he termed "A Sensible Quarantine Law."

The law referring to public nuisances, defining such and setting forth how they should be abolished was passed in 1914. The Sanitary School House law, a most excellent statute requiring that all schoolhouses built after its passage should be sanitary, was passed in 1911. The Medical School Inspection law, which gave to school authorities the power and right to institute medical inspection of schoolchildren, was passed in 1911. In this same year (1911) the law intended to prevent blindness among infants, which was called ophthalmia neonatorum, was passed. So called hydrophobia law, which diverted part of the dog tax for Pasteur treatment, was passed in 1911. The Sterilization law was passed in 1907, as also was the Antitoxin law. The Sterilization law provides for the sterilization of confirmed criminals, idiots, rapists and imbeciles. The Antitoxin law, as its name implies, provided for the free distribution of antitoxin among the poor. The Antirat law intended to lessen the number of rats, both for economic and public health reasons, was passed in 1913. This same year (1913) the Public Water Supply law was passed. Also the Public Playgrounds law. In 1915 the legislature enacted the present Anti-tuberculosis law. This law was written by a man who called himself a wall-paper cleaner and was passed without difficulty through the legislature after a wise comprehensive bill prepared by the State Board of Health and the State Anti-Tuberculosis Society had been almost insultingly "turned down." There is very little in this law that deserves commendation. The Drug Sample law was passed in 1907. Its

intent being to prevent the free distribution of drug samples, which so frequently resulted in the poisoning of children. Children ate the sugar coated samples, thinking they were candy. The Pure Food Drug law was first enacted in 1899. The State Board of Health first presented the law in 1897, when it was rejected, almost unanimously by the legislature. The first pure food law had no provisions for enforcement and it was not until 1905 that a Laboratory of Hygiene was given to the State Board of Health for the enforcement of the Pure Food Law and also for making bacteriological pathological examinations and studies in the interest of the public health. In 1907, the Pure Food law was revised and greatly strengthened. The Sanitary Food law was passed in 1909. This law prescribes the sanitary conditions which must exist in all food producing establishments and makes unlawful the employment of diseased employees. The Renovated Butter law, which required the labeling of "Renovated" or "Process" butter, was passed in 1911. The Cold Storage law, regulating the cold storage of foods was passed in 1911. The Clean Milk Can law was passed in 1913. This law commands the thorough cleansing of milk cans and milk bottles and prescribes a penalty of not less than \$10 or more than \$50 against any milk handler who does not keep his receptacles clean.

SYLLABUS OF HEALTH STATUTES

Indiana Health Law passed in 1881, amended in 1891 and again amended in 1909.

Quarantine Law passed in 1903.

Sterilization Law passed in 1907.

Antitoxin Law passed in 1907.

Drug Sample Law passed in 1907.

Pure Food and Drug Law passed in 1907, amended in 1911.

Law Governing Sanitation of Food Producing Establishments passed in 1909.

Prevention of Infant Blindness Law passed in 1911.

Hydrophobia Law passed in 1911.

Renovated Butter Law passed in 1911.

Cold Storage Law passed in 1911.

Vital Statistics Law passed in 1913.

Sanitary Schoolhouse Law passed in 1913.

Medical School Inspection Law passed in 1913.

Anti-Rat Law passed in 1913.

Public Water Supply Law passed in 1913.

Weights and Measures Law passed in 1913.

Clean Milk Can Law passed in 1913.

Public Playgrounds Law passed in 1913.

Establishment of Sanitary Districts, passed in 1913.

Housing Law passed in 1913.

County Hospital Law passed in 1913.

Sanitary Mattress Law passed in 1913.

Fertilizer Reduction Plant Law passed in 1913.

Mausoleum Law passed in 1913.

False Advertisement Law passed in 1913.

Cigarette Law passed in 1913.

Transportation of School Pupils Law passed in 1913.

Schoolhouse Civic and Recreation Center Law passed in 1913.

Child Neglect Law passed in 1913, amended in 1915.

Anti-Tuberculosis Law passed in 1915.

Full Sized Sheet Law passed in 1915.

Drainage, Sanitary and Reclaiming District Law passed in 1915.

Sanitary Packing and Shipping of Rags and Paper Stock, passed in 1915.

Cutting Weeds Along Public Highways passed in 1915.

THE DIAGNOSIS OF HEART DISEASE *

G. W. McCASKEY, M.D.

Professor of Medicine, Indiana University School of Medicine

FORT WAYNE, IND.

I do not think that any apology is needed for selecting the topic of heart disease for a practical talk before this society in response to the invitation of your Program Committee.

From the viewpoint of mortality and morbidity, as well as of prophylaxis and therapeutic achievements, it occupies the very front rank in clinical importance. The three practical chapters of diagnosis, prognosis and treatment have to be rewritten with great frequency in order to reflect the progress of events. The cardiopath of today is better understood and his expectancy is much greater than ever before, and it can be made better still if only he is properly safeguarded, by intelligent advice. The responsibility of the clinician in dealing with these cases is therefore very great.

It will, of course, be both impossible and undesirable to exhaustively discuss the subject as set forth in the title. It will be my endeavor to present in a necessarily rapid survey the most salient points involved in cardiac diagno-

sis, especially trying to include the most of that which is both new and worth while. I will, most naturally, have to do this from the viewpoint of the internist, which should so far as possible become the viewpoint of the general practitioner. The quite modern family of internists should simply be the "clearing house" for cardiopathic derelicts from the "flotsam and jetsam" of the world's invalidism. The ravages of infection, both acute and chronic, with their immediate and remote results, the neuromuscular stress and strain of modern life, which is centered more on the cardiovascular apparatus than anything else; and finally the widespread ignorance of the laity and apparent indifference of many general practitioners as to the significance of cardiac symptoms and conservation of cardiac energy, all combine to swell the army of more or less severely crippled hearts, limiting efficiency and shortening life.

We may consider the diagnosis of heart disease from several points of view. Obviously the thing which most concerns the patient, and which, therefore, should most concern the clinician, is the present and future efficiency of the organ. This depends, first and foremost, on the integrity of the neuromuscular cardiac mechanism. What we most urgently wish to know, then, are the clinical facts bearing on this problem.

What are they, and how are they best determined?

Of first importance are the subjective sensations of the patient. The absence of dyspnea, palpitation, or precordial distress, especially on exertion, will go far to exclude disabling cardiac disease. Whether these and cognate symptoms, when present, mean much or little, must be determined in the individual case. Very serious disease pointing to future hazards may of course be present without easily recognizable symptoms, or even be entirely latent. After a most searching history which should especially include focal and general infections, digestive disorders with their potential auto-intoxication, overstrain, etc., etc., we proceed to interrogate the heart by the various methods at our disposal.

The classical and indispensable methods of inspection, palpation, percussion and auscultation, with their well recognized valuation, need not detain us long. I would like, however, in passing, to emphasize the great value of inspection and palpation which, as too commonly practiced, are only a farce. In order to realize the full possibilities of these methods, the body must be stripped of clothing and both examina-

* Read by invitation before the Elkhart County Medical Society, at Goshen Ind., Feb. 7, 1918.

tions made with more care and deliberation than is usually accorded to them. Percussion gives us the general shape and outline of the heart, with a very considerable margin of error, even in the hands of the most skillful, but attention has been called to this so often, that it is not worth while to dwell on it. I cannot refrain, however, from quoting one of the most drastic repudiations of percussion with which I am acquainted. In the recent volume by Neuhof, on *Clinical Cardiology*, page 135, he says: "Careful and continued use and observation of the above (auscultatory and orthopercussion) as well as of the usual methods, checked by comparison with the unequivocal standards furnished by orthodiascopy and fluoroscopy, have convinced me that all methods of percussion are inaccurate and unreliable even for clinical purposes. Besides varying among themselves considerably in accuracy, there is no means of judging in advance which method will prove sufficiently exact in any individual case. In many instances I have requested experienced and excellent clinicians to map out the cardiac border according to their own favorite method of percussion, and I have demonstrated to them by fluoroscopy that the results of their examination were rarely of sufficient exactness even for general bedside purposes. These statements apply to percussion for superficial dullness as well as for flatness. For example, very marked aortic dilatations were at times entirely overlooked; definite extension of the cardiac border to the right was not even approximately delimited. My own gross errors by the various methods of percussion have included practically all miscalculations: the delimitation of the size and of the upper border of the aorta, the right border of the heart, and the upper ventricular border."

This may be somewhat extreme, but the unreliability of cardiac borders determined by percussion is notorious. This is especially true in obese persons, with thick and heavily padded chest walls. It is not everyone who has the courage which Neuhof has shown in acknowledging his own inability to accurately delimit the borders of the heart by the time-honored and too much relied on method of percussion. The routine use of the fluoroscope, however, to which reference will later be made, has convinced me also of its inaccuracy.

Of course I will continue to percuss the heart and of course I will feel competent in a general way, aided by palpation and auscultation, to determine its shape and size with sufficient accuracy to serve the purpose of a preliminary investigation, to be confirmed later when possi-

ble, and when considered necessary, by the use of the fluoroscope. Of this I have not the slightest doubt. When, however, it comes to accurate outlines, I am perfectly free to admit unavoidable gross errors.

These statements are made, of course, with a full recognition and after long continued use of the older methods of percussion by finger, pleximeter and hammer, supplemented by the auscultatory method, and the orthopercussion of Goldscheider, which I had been using substantially as described by this author, years before his publication.

Auscultation is perhaps the most important of the routine methods of physical examination, the regularity and rhythm of the heart movements, integrity of heart valves, patency of intracardiac orifices, and tone of myocardial action, being among the things which may be thus determined. Cardiac murmurs have not lost their importance, but they have ceased to be determining factors in a real cardiac diagnosis. Sufficient leakage of a valve to cause a very definite regurgitant murmur may exist for a greater part of a lifetime without markedly impairing the function of the organ. On the other hand, many a serious case of heart disease with impending danger shows neither valvular incompetency nor stenotic obstruction.

The brief attention given to auscultation in this discussion must not be construed as an actual measure of its importance, but rather the limitations imposed by such a paper. Its value is very great, and no heart examination can be considered in any sense complete without getting all the information which the stethoscope can give, and which I can only vaguely indicate at this time. In estimating the clinical importance of murmurs detected by auscultation, we will not fail to study the effect of posture, of exercise, respiration, etc. We will find many murmurs to be merely the expression of myocardial weakness, the murmurs being developed by dilatation usually from exercise but from whatever cause and position, disappearing with returning tonic.

The character of heart sounds as, for instance, the accentuation of the second aortic sound, obscuration of the first at the apex, etc., are all points of clinical importance, which will receive careful consideration.

After all, myocardial efficiency is the crux of cardiac diagnosis, and overshadows all the findings of the various methods of physical examination. Our anamnesis, if carefully made, has already told us much in regard to this point. A patient may, however, become more or less unconsciously adjusted to the conditions of the

somewhat weakened and inefficient myocardium, or on the other hand may exaggerate trifling perturbations to an unwarranted degree, and it therefore becomes necessary to check the information already obtained by special tests directed along these lines.

The fundamental factor in all of these tests depends on the physiologic law, that with every increase in muscular exertion the heart is called on to do a definitely increased amount of work.

The efforts heretofore made to reduce these tests to a basis of mathematical precision have only been partially successful. With the reservations which must always be made in interpreting physiologic phenomena, they have, however, a very definite clinical value and give us more accurate information perhaps than any other method.

The essence of all is muscular work, and the more accurately this can be measured, the better can be standardized the functional capacity of a normal heart and departures therefrom. When the heart is not too much weakened to permit such a test, there is perhaps no simpler method than the test of stair climbing. If the stairway is 10 feet high and we multiply this by the weight of the patient in pounds we get a certain number of foot pounds, and by having the patient climb this stair one or more times, we can, with considerable precision, state the number of foot pounds of work done in a given time.

We must start, of course, with a clear conception of how a normal heart ought to act under such a test. There are several things which should happen, among them being an increase in the frequency of the pulse, and a definite increase in systolic blood pressure, to which must be added an increase in the frequency of the respiration, which is quite as much a circulatory as a respiratory phenomenon. This is a fairly strenuous method of heart testing and if applied to hearts with more than moderate myocardial weakness must be clearly limited in the foot pounds of work done in order to avoid damaging overstrain. In the very severe grades of myocardial weakness, even the additional strain involved by raising one or both arms vertically above the head is quite sufficient to develop and indicate the degree of the weakness. In still others, the erect position throws a serious strain on the weakened heart, but in such cases the diagnosis is easy.

Goodall in a recent communication has outlined a method which seems practical and has drawn conclusions which are worth careful consideration. He has the patient do the stair

work, in suitable cases, in the period of thirty seconds, within which time between two and three thousand foot pounds of work have been done, which would simply mean that a patient weighing 150 pounds had raised his body something under 20 feet in somewhat of a hurry. Immediately there will be, under normal conditions, with mild myocardial inefficiency, a very definite increase of the pulse rate, blood pressure, and respiration, which must be taken instantly, and at intervals of a minute or so, and at the end of three minutes, under normal conditions all of these functions have returned to the standards which obtained prior to the exercise. Various pathologic reactions are found, the most important one being a failure of the blood pressure to rise, which he characterizes as "bad," or even a drop in the blood pressure, which he rates as "very bad." The fall or rise in blood pressure, and the prolongation of the period of three minutes during which the functions should return to their previous norms, are the most important criteria obtained by this or similar tests.

Of course, any other method of work may be utilized such as the elevation of dumb-bells of a known weight, a certain number of times through a given distance, the walking up an inclined plane, etc., etc. We will not, at any time, forget the subjective sensations of the patient, and in many cases this will occupy a dominant position throughout the clinical investigation.

Mathematical accuracy in the clinical application and interpretation of these tests is not essential, and for stairway, dumb-bells, etc., may be substituted a brisk walk in the open or in a hallway, as is most convenient or best suited to the case, keeping in mind all the time that muscular work sufficient to make a definite demand on cardiac function, and the careful observation of the perturbations produced and the manner of recuperation, form the basis of the test.

The three other methods of cardiac diagnosis supplementary to those already outlined, all of comparatively recent development, demand our consideration. A working diagnosis can be made in many cases without these technical methods, but there is probably not a case of cardiac disease that would not be found illuminated by their use. They will be considered necessarily in briefest outline.

I will first refer to the x-ray examination of the heart both by the fluoroscopic screen and the photographic plate. So far as possible, I make the former routine in all cases. As my x-ray room adjoins my private room, the pa-

tient is commonly taken directly from the examination room and placed behind the vertical fluoroscopic screen. Commencing at the upper extremity of the thorax, I slowly sweep the screen down, noting the contour and any irregularities that may exist in the outline of the aorta. It is surprising how often such protruberances or other distortions are seen without previous suspicion of definite aortic disease. Many of these cases are found to be syphilitic and many of these excrescences are in all probability potential aneurysms. The outline and rhythmical movements of the heart are then carefully inspected. In most cases the form of the heart and its movements are seen in clearest outline. Making due allowance for slight distortions, from divergent rays, the picture presented is absolutely valid as to both form and size. Bardeen, in a recent communication after a very careful study of the problem, suggests a reduction of the fluoroscopic picture by about 6 per cent. Even this slight error can be overcome by reducing the diaphragm to a very small aperture and examining the borders of the heart at different points with central rays which are substantially parallel, and which cast a perfectly true shadow on the screen. Suitable landmarks may be added to those already present in the bony skeleton, in order to furnish all the typographic data required. An x-ray plate is often desirable as a matter of record, although it adds very little to the information already obtained. By means of a rule, every dimension of the heart can be accurately measured on the screen, or a pencil tracing of the cardiac silhouette on translucent paper, or, perhaps, landmarks made by a dermatographic pencil on the patient's body. When this is compared with the percussion outline the justice of Neuhoff's statement will be generally recognized.

We still have remaining two graphic methods, one being mechanical and the other electric; the first transmitting mechanical impulses of the heart or blood vessels through levers or tambours, or both, to a pen which writes on a moving surface propelled by clockwork the amplified movements above indicated.

The second recording on a moving vertical film the shadow of a galvanometer string which is undergoing characteristic rhythmical movements in response to electric impulses initiated in the heart and transmitted through electrodes applied to the skin and from thence to the galvanometer by connecting wires.

The great advantage of the graphic methods

lies in the precision with which the various arrhythmias can be recorded and studied. Rhythmic disturbances are present in a large proportion of cases of heart disease, and it is not too much to say that they cannot be accurately analyzed without these methods.

The Mackenzie ink polygraph, because of its simplicity and portability appears to me to be the most practical apparatus of this type. Tracings ten or fifteen feet long of the radial pulse and of the jugular vein can be made side by side, the tracings being written on white paper with ink which, as soon as it dries, is a permanent record which can be studied at leisure. The Jacquet polygraph uses a smoked paper which is difficult to care for at the bedside, and while having some advantages, does not seem to me to be so practical.

The electrocardiograph making a photographic record of string deflections as above indicated, is the most important addition to cardiac diagnosis ever made since the time of Laennec, and reveals the working mechanism of the heart as nothing else can. The instrumental errors due to the movement of the levers, tambour, diaphragms, etc., which occur with the polygraph are entirely eliminated, and the different cardiac events are placed in rapid succession on the photographic films in a single series instead of side by side, so that their relationship to each other, both as to sequence and the interval, can be determined within the one hundredth of a second. There is no difficult adjustment over the radial pulse or the jugular vein which frequently tries the patience of the operator and occasionally, in certain types of cases, offers insurmountable obstacles even in the hands of the very best experts. In brief, the auricle produces an electric impulse which is arbitrarily called the P wave, and is the beginning of the cardiac cycle, which we now know is initiated in the auricular wall and is transmitted from thence to the ventricle along the fibres of the bundle of His. When this impulse reaches the ventricular wall the latter contracts, producing the so-called ventricular systole which is the main event in the entire cardiac cycle. A series of waves are then produced, known as the Q R S T waves, altogether constituting the ventricular complex. Between the commencement of the P wave and the waves of the ventricular complex, we have represented the conduction time of the bundle of His which can be measured with mathematical accuracy by means of the time marker on the electrocardiogram. Alterations in this conduction time constitute very important criteria of

intracardiac disease and are frequently the very earliest manifestations of serious and progressive lesions. Partial or complete heart block is probably always preceded by alterations of this type, and of course heart block itself, with all other types of arrhythmias, such as extra-systoles, auricular fibrillation, auricular flutter, with its usually associated heart block, sinus arrhythmias, and in fact all other kinds of arrhythmias, can be recorded and interpreted with perfect clearness.

The importance of this achievement in the field of cardiac diagnosis cannot be overestimated. As already indicated, a so-called working diagnosis can usually be made, and usually must be made without this sort of examination. Lewis says, however, that there is rarely ever a case of heart disease which would not be better understood, and therefore better treated, by an electrocardiographic examination.

The importance of these methods from a clinical viewpoint is indicated by an editorial statement made in the *British Medical Journal*,* in examinations for the army service, that "an electrocardiogram is taken in the case of every recruit and in most cases his heart is examined by x-ray."

There are two serious objections to the electrocardiograph, one being its lack of portability and the other its expense, to which perhaps might be added the third, namely, the very great technical difficulties of its operation. I have what is called the portable Edelman instrument in my office, but the limitations of its portability are best expressed by the fact that it takes two or three men to move it from one room to another. It is, of course, very portable, relatively to the larger instruments in use in many places. These latter cost about \$1,500.00, while my own cost a little less than half that amount.

In perhaps no other group of diseases do prognosis and therapeutics depend so completely on accuracy of diagnosis as in heart disease. This is perhaps the only justification for the extremely technical methods which have been developed in the study of heart disease, and it adds enormously to the already overburdened armamentarium of the diagnostician. It is, however, not too much to say that differentiations of cardiac disease, which are only possible by these technical methods, may determine the therapeutics on which the prognosis depends, and this, I think, is of sufficient justification for their general use.

A STEP FORWARD IN THE USE OF THE ARMY LITTER

FIRST LT. GEORGE B. KENT, M. C., U. S. ARMY

The litter as made use of in the Army dates back to about 1792. Before that time the patients that were left on the field made their way back, as best they could, to the surgeons stationed behind the Army. The wounded that were left on the field after the engagement were nursed by the civilian population.

Baron Percy, surgeon of Napoleon's army, organized companies of litter bearers. The value of organized medical aid has gradually grown to its present maximum efficiency. The hand litter plays an important role in the transportation of the wounded and is one of the greatest assets to the medical department of any army.

All through the many years of the use of the litter, none has mentioned a method of immobilizing the patient on the litter. It has never occurred to anyone to use the litter as a splint while transporting the patient. It is evident there should be some way to fix the patient on the litter so that it may be placed at any angle, while carrying, without disturbing his immobilization. The narrow trenches, deep shell holes, etc., over which the patient must be carried, warrant such a method of fixation.

Anyone who has watched or participated in the "Loaded Litter" Drill can not help but notice the painful and unnecessary motion of the injured parts. It requires two men, at times three or four, to load one wounded man. Paragraph 149 of the Sanitary Drill Regulations says, "The litter being at the open, the patient, with two bearers, must always be carried to it." This requires lifting the patient from the ground, carrying him to the litter and lowering him upon it. The undue amount of movement of the injured part would cause the splintered ends of the bones to prod and jab the soft tissues, causing great pain, increasing the trauma, thereby increasing the effusion and blood clot, which is a good nidus for infection.

The soldier is placed upon the stretcher without any fixation, according to the present accepted method. The injured part is splintered by the use of any attainable material. Boards, weeds, tying of one broken leg to the other are methods suggested. A fractured upper extremity is usually placed across the chest of the patient. In this condition the patient is taken back to the dressing station. Paragraph 148

* *British Medical Journal*, Oct. 14, 1916, p. 532.

of the Sanitary Drill Regulations states that "in case of fracture of the lower extremity, he is carried uphill feet foremost and downhill head foremost to prevent the weight of the body from pressing down on the injured part." The bearers would have to be continually changing ends of the litter in transporting the wounded across the innumerable shell holes that are bound to be in their path on the way back to the dressing station. The injured part receives



Fig. 1.—The litter is grounded and the left foot fixed to the front litter handle with the litter sling. The patient's belt has been removed, passed through the loop of the rear sling and the belt buckled around the litter handle obliquely across from the foot which is fixed. The bearer is making traction on the sling to take the tilt out of the pelvis.

medical attention several times before reaching the evacuation hospital where he is removed from the litter in the reverse manner as loaded and placed in bed. The last move will, in all probability, undo all that nature has done toward repair of the part up to that time, taking for granted he was not moved from the original position in transportation. Treatment of the case is then instituted. The beginning of actual treatment may, then, be calculated from the time he reaches the evacuation hospital, all the time from the front to the rear being lost. This, in turn, increases the time of absence of the soldier from duty.

Major H. R. Allen, Director of the Camp Greenleaf School of Applied Surgical Mechanics, has perfected the use of the hand litter for the treatment of any fracture in the most simple and correct manner. In following his teachings of the use of the hand litter, nothing is taken from or added to the regulation Army litter.

The loading of the stretcher is greatly simplified. It requires but one man. He can crawl out on his belly to care for the wounded if need be, during a lull in the fire. The moment the patient is immobilized on the litter he is under treatment. Since it requires two men to carry him back, he may lie on the field until an opportune time for transportation.

Methods of loading the litter are classified into two groups with respect to the time of the fixation of the patient to the litter. The first

group deals with the fixation of the patient to the litter before loading. The litter is taken to the patient, not the patient to the litter. If he is on his back or belly, gently roll him on his injured side. Place the canvas side of the litter against the back of the patient and then with the front litter sling tie the foot of the injured side to the front litter handle on the same side. The rear litter sling is passed down behind the patient's back, brought up through the crotch, enough traction being placed upon it to make the pelvis tilt to its anatomical limit, pass the patient's belt through the loop of the litter sling and fasten it to the rear litter handle. The patient and the litter are then slowly grounded, the soldier resting upon it, immobilized and under treatment with respect to fracture of the lower extremity.

In the second group the patient is fixed to the litter in the same manner as in the first group after being loaded. The litter bears the same relation to the position of the wounded soldier as in the first method. The bearer standing behind the litter and about the center of the patient seizes him by the blouse and breeches, in the arm pit and over the hip respectively, of the opposite side, that nearest the ground. By pulling upward and backward the arms of the bearer resting on the chest and pelvis of the patient, with the litter against the leg of the bearer, the largest man can be loaded as easily as the smallest.



Fig. 2.—The patient is fixed to the litter under treatment for fracture of either or both femurs, right arm and left arm and forearm.

In cases of open wounds of the chest, abdomen or pelvis, it would be inadvisable to reach across the patient in the last described method. The chances for infecting the wound would be increased and incidentally the clothing of the bearer would be soiled. These conditions presenting, the bearer seizes the blouse and breeches of the patient at the most convenient point near the shoulder and hip respectively

and completes the movements necessary for loading, as described above under the second method.

In the immobilization of the patient on the litter, fixation forces are used for fixation purposes, which is the basic principle for treating all fractures successfully. The patient is loaded with no extra amount of movement.



Fig. 3.—The immobilization is maintained although the patient is in the vertical position.

The fracture being reduced, there is little or no pain aside from the bruised tissues. The leg will retain its normal position once it is properly reduced and will remain so as long as the fixation points are properly maintained, therefore no splints are necessary. The only traction on the injured leg will be from voluntary muscle pull or from the lowering of the foot of the litter in passing over rough ground. The injured part being under treatment as soon as fixed it would not be necessary to move it again until the patient reaches the hospital. This would do away with all the manipulations at the different dressing stations except for the change of dressings of the wound if it be open. The patient would not need to be removed from the litter until he reaches the evacuation hospital.

Fractures of the upper extremity are treated on the same basic principles. The humerus being fractured, place a padded sling in the axilla and tie it to the nearest rear litter handle. A second padded sling is tied to the forearm near the bend of the elbow and fixed to the

front stirrup on the same side. The forearm is flexed on the arm, causing extension of the arm to a sufficient degree for reduction and held in this position by a third sling which is fastened to the wrist and fixed to the opposite litter handle from the one passing through the axilla. A fracture of the forearm is treated in the same manner, in so far as the superior fixation point is concerned. The wrist is fixed to the front stirrup on the same side, the arm in extension. A fracture of the arm and forearm is treated in the same manner.

Having been fixed on the litter according to the Allen method, I can honestly testify that immobilization is complete. The comfort is surprising, there being no traction. The patient can be lifted over fences, carried up stairs, through shell holes, etc., without the least difficulty. The litter can be placed at most any conceivable angle without disturbing the original fixation points. These advantages can be utilized in the transportation of patients through crooked narrow trenches. The litter can be turned on its side at times if necessary.

From a military standpoint the Allen method of loading the litter is of greatest importance. The wounded being under treatment from the time they are fixed, the duration of absence from the front is shortened days or weeks. What does this mean to an army with thousands in hospitals that could possibly be back at the firing line if they had been treated in



Fig. 4.—The immobilization is maintained even though the litter be inverted.

this manner from the beginning? The winning of the war is a matter of man power. What difference does it make whether we gain a yard of territory or not? As soon as the enemy is reduced enough in man power, he is going to quit. It takes men to accomplish this end, therefore we must do all in our power to hasten convalescence of the wounded man so that he can hurry back to "do his bit."

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EDITORIALS

SOME OF THE ACTIVITIES AND INTERESTS OF THE GENERAL MEDICAL BOARD OF THE COUNCIL OF NATIONAL DEFENSE

The following statement, which is authorized by the Medical Section of the Council of National Defense, is a brief summary of the report of Dr. Franklin Martin, member of the Advisory Commission and chairman of the General Medical Board of the Council of National Defense, with mention of some of the leading interests and activities of the year of the Board and of the Medical Section, presented at the annual meeting of the General Medical Board, May 5, 1918.

GENERAL

Secretary of War Baker, on April 2, 1917, authorized appointment of General Medical Board. Dr. Martin designated thirty-five physicians and surgeons, many of whom have since entered on active service abroad. Total now is seventy-seven. Executive Committee consists of Surgeons-General of Army, Navy and Public Health Service, Dr. Franklin Martin, Dr. W. J. Mayo, Dr. Wm. H. Welch, Dr. Victor C. Vaughan, Dr. F. F. Simpson, Rear Admiral Cary T. Grayson and Dr. Wm. F. Snow, secretary. The first meeting was held April 9, 1917.

Requested medical men returning from abroad to furnish information regarding conditions observed in medical services of allied armies; which information was carefully summarized for reference.

Responded to request of Surgeon-General to assist in increasing enrollment in Medical Reserve Corps. Enrollments in M. R. C. have been increased from 1,800 in April, 1917, to over 21,000, of whom 16,042 are on active duty.

Requested fifty medical societies to furnish lists of their members fitted to perform special work for government.

CHILD WELFARE

Formed Committee on Child Welfare, comprising representatives of several government departments, educational institutions and national organizations to coordinate child welfare activities, and formulated program covering problems of the child up to school age, which program has been issued to the states through the medium of the States Council Section and the Woman's Committee of the Council of National Defense.

Appointed committees (a) to study best graphic methods of teaching child welfare; (b) to study food values necessary to children and prepare dietaries; (c) to report best procedure as to midwife question in present war emergency, and (d) to consider advisability of investigation of institutions caring for children.

CIVILIAN COOPERATION IN COMBATING VENEREAL DISEASES

Developed joint conferences of medical and lay citizens in fifty cities, with officials, to discuss plans for venereal disease clinics or law enforcement measures.

Formulated list of eight measures essential to successful campaign against venereal diseases, and sent to state boards of health.

Appealed to state pharmaceutical associations for boards of pharmacy to assist in eliminating sale of nostrums.

Arranged trips for lecturers who aided boards of health in thirty states and stimulated them to more vigorous work.

Partially as a result of correspondence with state boards of health, twenty-six states have adopted measures requiring reporting of venereal diseases, nine have special venereal bureaus, fourteen provide free laboratory diagnosis, six provide arsphenamin, practically or absolutely free. Only seven states classified as complacent.

Partially as a result of letters to one thousand mayors, forty-nine cities provide for isolation and treatment of venereal cases; fifty-one require reporting of venereal diseases; forty-three have clinics, and seventy-eight are conducting educational work.

Informed editors of health bulletins and labor journals of details of campaign against venereal diseases.

Distributed printed material and sent personal and circular letters to thousands of persons in communities adjacent to army camps, enlisting their cooperation.

DENTISTRY

Appealed to dental profession through various dental associations, materially increasing enrollment in Dental Officers' Reserve Corps.

Instrumental in having military instruction included in curricula of dental colleges, and in having applicants for enrollment in Dental Surgeons' Corps specially trained.

Cooperated with manufacturers in having dental instruments and supplies standardized.

Secured volunteer services of civilian dental profession in eliminating dental disabilities of recruits.

Recommended improved courses in dental surgery in Army and Navy medical schools.

Initiated investigation as to relation of trench mouth disease to oral and general disease.

Dental committee recommended higher rank for dentists in Army Dental Corps.

HOSPITALS

Recommended to general hospitals reorganization of staffs, in order to release as many as possible for Army and Navy service, and urged each person whose services could be spared to apply for appointment.

Hospitals classified exhaustively as to size, convenience to transportation, equipment and all other details.

Investigated subject of portable hospitals, and recommended purchase of a limited number by the Surgeon-General of the Army.

Classified and tabulated for use of Surgeon-General's Office data as to private houses and large buildings offered for use as military hospitals.

HYGIENE AND SANITATION

Recommended to War and Navy Departments that zones around camps and cantonments be placed under military control in order to protect troops from venereal infections. Encouraged organization of Fosdick Commissions or training camp activities.

Appointed subcommittees on drug addictions, alcoholic control, public health nursing, tuberculosis, and health statistics, which committees have assembled information and recommended definite sanitary measures for guidance of Army, Navy, Public Health Service, American Red Cross and civil health agencies.

Work of subcommittee on venereal diseases has expanded, and it has become the Committee for Civilian Cooperation in Combating Venereal Diseases, a general committee of the General Medical Board.

INDUSTRIAL MEDICINE AND SURGERY

Instituted an advisory committee on industrial hygiene, comprising representatives from public health service, departments of agriculture, interior, commerce, labor, and of organized industry, organized labor, organized medicine and organized industrial medicine, for the purposes of providing against unnecessary human waste in industry and society during war, to offset drain of man-power from industry through raising of military forces to meet need for increased production, to avoid preventable deaths from accidents and disease, and to improve surroundings of workers.

LEGISLATION

Drafted section of Army Bill eliminating sale of alcoholic drinks and prostitution in five-mile zone around camps and cantonments; indorsed by Council of National Defense, and enacted into law within ten days of original rough draft.

Induced authorities to provide for enlistment of medical students of well-recognized schools in Enlisted Medical Reserve Corps, and completion of course before being called into military service. Similar effort made in aid of premedical students.

Instrumental in having American concerns licensed to manufacture salvarsan and other German-owned medicinal preparations. Quantity previously sold for \$4, now furnished government at \$1.

Made considerable effort to have rank of medical officers made commensurate with the service which the nation expects from the profession.

MEDICAL SCHOOLS

Urged students to continue medical education so that upon entering government service they might be fully trained; also urged students to apply for commissions in Medical Reserve Corps upon graduation.

Urged schools to release teachers for enrollment in Medical Reserve Corps.

Asked heads of educational institutions to advise premedical students to enroll in medical schools of their choice as soon as possible.

Asked medical schools to allow fourth-year students to substitute senior year in base hospital instead of school, if emergency arises.

MEDICAL WAR MANUALS

Published four war manuals: (1) "Sanitation for Medical Officers," by Edward B. Vedder, M.D., Lieut.-Col., M. C., U. S. A.; (2) "Notes for Army Medical Officers," by T. H. Goodwin,

Lient-Col., R. A. M. C.; (3) "Military Ophthalmic Surgery," by Allen Greenwood, Major, M. R. C.; G. E. de Schweinitz, Major, M. R. C., and Walter R. Parker, Major, M. R. C.; (4) "Military Orthopedic Surgery," by the Orthopedic Council.

These also are ready for publication: "Surgery of the Zone of Advance," by George de Tarnowsky, Major, M. R. C.; "Notes on Military Surgery," by George W. Crile, Major, M. R. C., and "Lessons from the Enemy," by John McDill.

NURSING

Instrumental in increasing by 20 per cent. number of pupil nurses in training schools, by means of correspondence with college and school graduates, deans of women's colleges, school principals and board of education secretaries.

Distributed about 100,000 bulletins and leaflets for information of prospective students.

Made nation-wide survey of country's nursing resources, and urged heads of training schools and hospitals to increase their facilities.

Published series of twelve articles on nursing in newspapers throughout the country.

Instrumental in having nurses included in War Risk Insurance Law.

Secured evidence of need for military rank for nurses, and secured indorsements of this movement from many persons.

Conducted campaign for increasing number of candidates for nursing education.

Cooperated in preparing details of preparatory nursing course for college graduates at Vassar College.

Recommended to Surgeon-General of the Army that increased accommodations for nurses be made at camps, that not less than one nurse be provided to six acutely ill men, that there be a reserve of not less than twenty-five nurses at each camp hospital, and that a qualified nurse tour military and naval hospitals to make observations; all of which recommendations have been favorably received. Miss Annie W. Goodrich appointed Inspector-General of Nursing Service in all military hospitals in the United States and France.

Recommended to superintendents of training schools to speed instruction and hold final examinations and graduations early in 1918, and release graduates for government service.

Cooperated with Red Cross and with National Organization for Public Health Nursing in enrollment of public health nurses in office of Red Cross, and urged public health nursing agencies to release staff members for service in

extra-cantonment zones and for rehabilitation work in France and Belgium.

Cooperated with Food Administration in having public health nurses instructed in preparation of war-time food substitutes.

RE-EDUCATION AND REHABILITATION

Presented to Secretary of War plan for formation of Reconstruction Board, including representatives of Army, Navy, Public Health Service, Red Cross, Council of National Defense, Hospitals and Laboratories, Medicine and Surgery, Vocational Education, Labor and Industry. Secretary of War instructed Surgeon-General to call conference and formulate plan. As a result bill was drafted providing for vocational rehabilitation and return to civil employment of soldiers and sailors disabled in line of duty.

RESEARCH

Instituted investigation of conditions under which canned foods become deleterious.

Was instrumental in having University of Minnesota grow a supply of digitalis adequate for America's needs, to replace supply hitherto obtained from Germany.

Instituted tests of devices aimed to protect the ear from injuries by explosives.

Examined and card-indexed numerous antiseptics and disinfectants, furnishing all information to Medical Supply Department of the Army. Valuable cocaine substitutes and cheap disinfectants found usable. Silenced claims of vendors of large number of absolutely worthless preparations.

Placed subject of shell shock in hands of Dr. George W. Crile for study.

Instrumental in bringing into use several substitutes for ambrine, for treatment of burns.

Instituted study which led to discovery that various preparations of thromboplastin help prolong period for coagulation of blood.

Investigated various devices for preparations for sterilizing wounds and germ carriers.

Instituted study of processes for sterilizing drinking water which led to authoritative statement that use of chlorine is best means, chlorine now being used under all conditions.

Instrumental in having prepared authoritative review of war literature bearing upon injuries of the peripheral nerves.

Abstracted all obtainable literature on methods of destroying lice, and instituted experimental research.

Instrumental in having published critical review of methods and results of vaccination for smallpox.

Obtained from a noted French authority statement of results obtained by French investigators as to value of Widal test after vaccination for typhoid fever.

STANDARDIZATION

Held frequent conferences to study means by which production might be speeded, and demand for diverse types of appliances might be curtailed.

Conferences participated in by representatives of Army, Navy, Red Cross, Public Health Service and manufacturers of surgical instruments and supplies. Result: Substantial increase in production of staple articles, standardization in types and issuance of four catalogues of staple medical and surgical instruments and supplies for use of Army, Navy and Red Cross.

STATES ACTIVITIES

Obtained through state and county committees names of physicians (a) available for service in the Medical Reserve Corps, (b) those not available because of physical disability, over-age (55), or because of home community need.

Requested cooperation of medical profession in asking aid of Senators and Congressmen for legislation in reference to advanced rank for medical officers.

Made survey of medical schools, as a result of which arrangements were made for enlistment of medical students of well-recognized schools in enlisted medical reserve corps and placing them on inactive list until completion of their medical education. Similar effort made in aid of premedical students.

Organized Volunteer Medical Service Corps for physicians ineligible to Medical Reserve Corps, because of physical disability, over-age, or essential home community need.

Prepared and mailed monthly to state and county committees percentage tables of recommendations by Surgeon-General for commissions in Medical Reserve Corps.

Cooperated with Provost Marshall-General's Office in selecting members of Medical Reserve Corps as medical aids to governors. Formulated outline of duties of medical aids.

Cooperated in having representatives sent to forty-four states urging membership in Medical Reserve Corps.

Classified membership records of Medical Reserve Corps from code cards, a set being furnished for the Surgeon-General's Office in Washington and a set for the representative of the Surgeon-General with General Pershing's Army in France.

Made survey, through a subcommittee, of ophthalmologists of country, and requested those not needed for institutional and civic needs to join M. R. C.

Same committee standardized methods of eye examinations. Held conference on re-education of blind soldiers, and conducted survey of workshops for the blind.

Made survey and classified, through a subcommittee, the otolaryngologists of country (brain, oral and plastic surgeons), requesting those available to join Medical Reserve Corps.

Recommended that specialists in head surgery be assigned to special duty in military hospitals; also that special hospitals be assigned for treatment of eye, ear, nose and throat cases; also recommended definite number of surgeons and assistants of each specialty, for chief hospitals and for each military division.

WOMEN PHYSICIANS

Prepared index and complete data as to all women physicians in the United States.

Prepared lists of anesthetists, laboratory workers, radiographers, sanitarians, specialists and industrial surgeons willing to serve.

Compiled data regarding recent graduates of thirty-five coeducational medical colleges.

Secured registration of 1,875 women physicians willing to serve—more than one-third of the total number in the United States.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

IN the commercial announcements in this number of THE JOURNAL is a call for a physician to locate at the town of Burket, Kosciusko County. It is reported as a good location, and is a good opening for some physician who for one reason or another is unable to enter military service.

IN one of the populous Indiana counties but one medical man offered his services to the government up to May 1 of this year. However, this county has redeemed itself very recently by enlisting every medical man in the county in the Medical Reserve Corps. It is not expected that all of the men will be called into service, but each and every man is willing to serve, and the government can call such as are needed. The spirit manifested is admirable and cannot be too highly commended.

THE publishers of newspapers and periodicals are promised tough times if contemplated exactions on the part of the government are carried into effect. Not only are the postage rates to be increased, but newspapers and periodicals of every description will be compelled to cut down on the size. Already we are hampered by the increased cost of material and labor, together with the difficulties of securing them, but we are forced to suffer along with other enterprises that are equally hampered.

IN our write-up of the mid-winter meeting of the American Laryngological, Rhinological and Otological Society, appearing in the March number of *THE JOURNAL*, we neglected to mention that Dr. Daniel W. Layman of Indianapolis was chairman of the Middle Section of the Society, made practically all the arrangements for this meeting which required no little amount of work, was chairman of the scientific session held at the Claypool Hotel, presided at the luncheon, and also acted as toastmaster at the dinner.

SOME of our doctors are fretting and are even peevish because they are obliged to submit to military discipline while serving Uncle Sam. However, those who are objecting most to military discipline are the ones who need discipline most and will be most benefited by it. It may ruffle the dignity of a well known and experienced surgeon to be ordered to do menial work, or it may arouse the ire of the same surgeon to take orders from a younger man and one inferior in medical knowledge, training, or experience, but it all counts as a part of the war game. When in military service one must be a "good sport" and take things as they come, well knowing that in the end there will come reward for those who deserve reward. In military service as elsewhere the man who deserves to lead will wind up by leading no matter where he begins.

IT is refreshing for the medical profession to know that while charges of inefficiency, dishonesty and negligence have been directed toward almost every department of the government having anything to do with the present war, not one word of complaint has been made against the medical and surgical department of the Army. This is worthy of note in view of the rapid and enormous expansion of the medical and surgical department and the necessity for the expenditure of millions of dollars for equipment and supplies. Furthermore, we have profited by the experiences of our allies, and it is especially noteworthy that we have improved upon their methods in furnishing our troops with the latest and most efficient service.

THE first Indiana doctor to succumb to disease and give his life while in military service in this world conflict is First Lieutenant Toney E. Hunter of Versailles, who died of pneumonia at Camp Shelby, Hattiesburg, Miss., on April 18. Dr. Hunter was one of the promising young physicians of Ripley County, and on August 27, 1917, he answered his country's call for medical men in the Army. The following tribute from the funeral sermon is expressive: "I have been called upon to preach many funerals, but this one needs no preaching; it has preached itself by the fine reputation the deceased has made for himself by answering the call of his country, and his christian and at all times noble and honorable life."

TALES of the most atrocious cruelties practiced upon prisoners of war by the Germans are beginning to come to light through prisoners who escape and finally find their way back to the allied lines. It also is reported that friendly neutrals are not permitted to visit some of the prison camps, and it is well known that food, clothing, and supplies sent to the prisoners by relatives, friends, or welfare organizations seldom reach the desired destination. It is difficult to believe that human beings, thought to be even half civilized, could be as brutal as the Germans have been throughout the entire course of this great war. It is also difficult to believe that the allies, at the completion of their work of defeating the Germans, will have much tendency to exhibit mercy and forgiveness. Punishment to fit the crime is deserved, and if the allies are inclined to be merciful then let us hope that the All-Wise Creator will make the guilty ones suffer for the crimes of this war of aggression.

As a war measure a majority of the medical colleges of the United States will continue their sessions throughout the summer months for the period of the war. The summer semester for the Medical Department of Indiana University will begin on June 13 and continue until the middle of September. By continuing the medical schools throughout the entire year it will be possible to advance the graduation of the present juniors by three months, the sophmores by six months and the freshmen by nine months. Most of the medical colleges also have decided in an emergency to give credit for the fourth year to all senior medical students if the last year is devoted to military service in base hospitals.

THE last gasp of the Lydston fight against the American Medical Association has been heard by the Supreme Court of Illinois and acted upon favorably for the American Medical Association. It may be interesting to some of our readers to know that the trouble started in 1910 when the States Attorney of Cook County was petitioned to institute quo-warranto proceedings against the American Medical Association on the grounds that the Association's affairs were being conducted illegally in that its officers were elected at annual sessions held outside of Illinois. To make a long story short, it may be said that the action was decided in favor of the Association by all of the lower courts, and finally on April 16, 1918, by the Supreme Court of Illinois. The decision is important not only to the American Medical Association, but also to all organizations incorporated not for profit. It also winds up a senseless and uncalled for controversy that had its origin in personal spite.

EARLY this month the Indiana Committee of the Medical Department of the Council of National Defense started a drive to secure increased membership in the Medical Reserve Corps, and we are pleased to say that the drive has been very successful and Indiana gives promise of redeeming itself from the stigma of being one of the "tail-enders" in supplying medical men for military service. However, not all of the Indiana doctors who could and should accept commissions have responded to the call of the country. There are many young men with few ties of any kind to hold them who are inclined to shift responsibility to others. It is not because they are physical cowards or because they have a distaste for military service, but rather because they place

their own convenience, comfort and prosperity ahead of the country's needs. The one and only way to solve this whole question is to make it obligatory for every doctor to join the Medical Reserve Corps, and then let the government pick those best qualified or best able to engage in military service.

It is reported that in various parts of the country public speakers are urging young men to begin the study of medicine so that there will be an increasing number of medical men for military service later on. It is well to remember that prior to the present world war we had an overabundance of doctors, and the cry was not for more doctors but for better doctors. We also may call attention to the fact that at present we have in this country more than enough doctors to supply all of the military demands of an army far larger than the one now in contemplation if the medical profession furnishes its proper quota for military service. Aside from this, there are the medical students which were in training at the beginning of hostilities and who soon will be ready for such military service as required of them. While everything points to a continuation of the present struggle for a prolonged period, yet the need of enormous recruiting for our medical schools of young men who at best will not be able to do service in the medical department of the army until after three years of intensive study, may be seriously questioned. We do not under-rate the necessity of supplying our armies with all of the medical men needed, but the question of creating an over-supply of doctors for the period following the war is worthy of some attention.

GERMANY has exhibited a very high grade of efficiency in everything, even in cruelty, viciousness and total disregard of truth and honor. At present she is showing the world how to conserve in everything but ammunition and soldiers. An American woman, who has lived in Berlin for years and has just been permitted to leave Germany, says that every man, woman and child of the civilian population of Germany has been rationed, and that though the rations are no more than we would feed a babe in this country, yet the people submit, for the most part uncomplainingly, and talk about the good times that will come when Germany is victorious as they are led to believe through the boastful claims of the military authorities. Surely it will take time and effort to defeat a nation made up of such people, but defeated

she must be in the interest of human liberty and freedom. A striking feature of the food conservation program in Germany is the fact that various food substitutes are offered the public, and the German medical men are responsible for carefully prepared instructions concerning nourishment in order that food conservation may be practiced to the limit. We are a long way from anything like that in America, but there is no reason why we cannot have governmental distribution of our food supplies if necessary in order to conserve our food resources and make winning of the war an easier task.

It now seems a settled fact that conscription of medical men is to be adopted in order to recruit the medical and surgical department of the Army and Navy to the size needed. Such a procedure is eminently fair and is one that should have been adopted early in the course of our participation in the present world war. As it is now, some communities have furnished more than their quota of medical men for military service, and for the most part the best men in the medical profession have offered their services and have been accepted, yet there has been no real selective service in the sense that every community while being obliged to furnish its quota of medical men has also been accorded the privilege of retaining a sufficient number of medical men to care for the civilian needs. Some medical men have made tremendous sacrifices in order to respond to the country's call, whereas other men who would have to make no sacrifices of consequence are remaining at home. In some of the communities all of the best medical men have gone to war, whereas in other communities none of the best men have accepted service. Therefore, conscription will solve the difficulties and every doctor will be subject to call, though his age, ability, training, physical fitness, home ties, and a recognition of where his services are most needed will be taken into consideration before his assignment is made. We are strong for conscription as being the only fair way to secure an adequate number of medical men for military service.

GOVERNMENT control of the railroads has clearly brought to the attention of the people the fallacies of oppressive legislation. During the last ten or fifteen years our legislatures and even congress have seen fit to take a crack at big business of every description by taxation and restrictive legislation which have prevented

development and the kind of service demanded and deserved by the people. As a result of inadequate returns on the investment, railroad properties have depreciated in value and been allowed to deteriorate, with the corresponding deterioration of service. When the government assumed control of the railroads it was freely predicted in some quarters that conditions would change for the better, and that not only would the service be greatly improved but that the operation of the railroads could be carried on successfully under the existing conditions. We have now experienced several months of government control of the railroads and have had ample reason to believe that such control is not the panacea that was claimed for it. Not only has the government failed to give as good service or accomplish as much as was accomplished prior to government control, but the operation of the railroads has been at an enormous loss or deficit which must be made up by governmental aid or increased revenues derived from increased freight and passenger rates. In this connection it should be remembered that heretofore when railroads have asked for fair consideration of the question of rates they have been met with rebuffs and oftentimes with a direct slap in the shape of increased restrictions as to rates to be charged both for passenger and freight traffic. With it all, the railroads were wonderfully well managed, and the lessons we are learning now point unerringly to that fact. There is such a thing as having too much of a good thing, and this is strikingly illustrated in the manner in which we have throttled and even killed many worthy enterprises through a mistaken notion that that we were doing something for the public good.

DEATHS

MRS. PAULINE CUSTER, widow of the late Dr. E. D. Custer of Columbus, died April 16.

JOHN P. AVERY, M.D., Indianapolis died April 10 at City Hospital, aged 76 years.

MRS. HARRIET C. BANKER, wife of Dr. W. T. Banker of Columbus, died April 20, aged 58 years.

ELI H. THURSTON, M.D., aged 75 years, died April 17 at his home in Hagerstown. He graduated from the Physio-Medical Institute at Cincinnati in 1870.

E. E. BARTON, M.D., Lafayette, died April 19. He was graduated from the Wooster Medical University, Cleveland, in 1879.

WM. T. ELLISON M.D., Bedford, died April 16, aged 68 years. He graduated from the Bellevue Hospital Medical College in 1875.

JOHN E. CURTIS, M.D., formerly connected with the Central Hospital for the Insane at Indianapolis, died April 28 at Indianapolis.

REUBEN G. MOORE, M.D., Vincennes, died April 23, aged 81 years. He was graduated from the Cincinnati College of Medicine and Surgery in 1861.

ALBERT L. FISHER, M.D., Elkhart, died April 23, aged 72 years. He was graduated from the Hahnemann Medical College, Philadelphia, in 1871.

IRWIN HIBBS, M.D., of Brazil, pioneer country doctor of Illinois and Indiana, died April 10 aged 90 years. He graduated from the Kentucky School of Medicine Louisville in 1854.

MRS. HELEN HOSMER, wife of Major H. M. Hosmer of Gary, chief surgeon of the Division Camp Sherman, died April 6 at the base hospital at Camp Sherman from spinal meningitis. The disease was contracted while on a visit to her husband at the camp.

MOSES H. WATERS, M.D., Terre Haute, died April 14, aged 81 years. Dr. Waters graduated from the New York Homeopathic Medical College in 1861, and was a senior member of the American Institute of Homeopathy and ex-president of the Indiana Institute of Homeopathy.

THEODORE HENSON, M.D., Martinsville, died very suddenly April 19, aged 64 years. Dr. Henson was born in Monroe County in 1854, graduated from the Medical College of Indiana at Indianapolis in 1881, and had practiced medicine in Morgan County for more than thirty years. He was secretary of the city board of health at the time of his death, and a member of the Morgan County Medical Society and the Indiana State Medical Association.

CHARLES O. BECHTOL, M.D., Marion, died April 21, aged 44 years. Dr. Bechtol was born in Huntington in 1874, graduated from the

University of Illinois College of Medicine in 1901, served as intern in the Cook County Hospital and Alexian Brothers Hospital (Chicago) and located in Marion about twelve years ago. He was a member of the Grant County Medical Society, the Indiana State Medical Association and a Fellow of the American Medical Association.

ELMER D. MADDUX, M.D., of LaCrosse was fatally injured on April 4 when his automobile was struck by a train, and died a few hours later. Dr. Maddux graduated from the Chicago College of Medicine and Surgery in 1910, and had practiced medicine in LaCrosse several years. He enlisted in the Medical Reserve Corps and was called to active duty last summer, but due to the fact Dr. Oaks, the only other medical man in LaCrosse, was also in the service, the release of Dr. Maddux from military service was asked and granted that the civilian population of the community might have medical aid. He was 40 years of age.

DWIGHT W. DRYER, M.D., LaGrange, died April 24 following an operation two weeks previous at the Fort Wayne Lutheran Hospital which revealed a cancerous condition. Dr. Dryer was born in Milford Twp. in 1856, graduated from the Rush Medical College, Chicago, in 1885, and locating immediately at LaGrange for the practice of medicine. He served one term in the legislature, representative from LaGrange County, and was secretary of the LaGrange county board of health for many years. He was active in the medical profession, belonging to the local county medical society and the Indiana State Medical Association.

TONY E. HUNTER, M.D., Versailles, first lieutenant in the Medical Reserve Corps, died April 18 at the base hospital, Camp Shelby, Hattiesburg, Miss., from pneumonia. Dr. Hunter was born Sept. 5, 1879, graduated from the Medical Department of Kentucky University in 1904, and enlisted in the Medical Reserve Corps Aug. 27, 1917, being stationed first at Fort Benjamin Harrison, and later transferred to Camp Shelby. He was a member of the Ripley County Medical Society and the Indiana State Medical Association. Dr. Hunter is the first Indiana doctor to succumb to disease and give his life while in service in the present world war.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

GENERAL

DR. E. H. TADE of Wheatland has removed to Bicknell for the practice of his profession.

DR. C. P. McFARLAND of Sardinia left April 25 for training at Fort Benjamin Harrison.

ACCORDING to report, Dr. Elmer Singer of Fort Wayne is now on his way to France.

DR. WALTER A. DOMER of Wabash, located at Camp Taylor, has been promoted to the rank of major.

DR. CHAS. E. NUSBAUM of Bremen has been quite critically ill with pneumonia with heart complications.

THE new addition to the Wabash Valley Sanitarium, Lafayette, has been completed and opened for service.

DR. ALICE B. WILLIAMS of Columbia City is taking a much needed rest in a sanitarium at Kalamazoo, Mich.

MAJOR SIMON J. YOUNG of Valparaiso has been appointed commanding officer of the base hospital at Atlanta, Ga.

DR. B. D. HART of South Whitley, first lieutenant in the M. R. C., has been ordered to Hoboken, N. J., for duty.

DR. HARRY P. PRESTON of Plymouth was ordered to report at Fort Oglethorpe, Ga., on April 11 for active duty.

DR. J. KENT WORTHINGTON of Indianapolis will leave shortly for France, where he will be engaged in Red Cross work.

DR. WALLACE C. DYER of Evansville, now stationed at Camp Merritt, New York, has been promoted to the rank of major.

MAJOR E. K. WESTHAFFER of New Castle, now located at Camp Shelby, spent several days at home the middle of April.

DR. and MRS. JOHN HARRISON BULL of Indianapolis had as their guest Lieut. Mark Archer, who is stationed at Camp Custer, Mich.

DR. A. J. WHALLON of Richmond has been commissioned first lieutenant in the Medical Reserve Corps and ordered to report for training.

DR. MILES F. PORTER of Fort Wayne was called to Pittsburgh the latter part of April by the illness and death of his son Charles Porter.

MISS ELIZABETH SPRINGER, formerly superintendent of Hope Hospital, Fort Wayne, has been appointed superintendent of the new Huntington Hospital.

DR. GILBERT F. MOWRER has resigned as chief physician of the State Reformatory at Jeffersonville and will engage in private practice in that city.

THE Fountain-Warren Medical Society met at Williamsport April 5. Drs. A. M. Sullivan of Attica and George S. Porter of Williamsport presented papers.

DR. H. K. STORK of Huntingburg, commissioned as first lieutenant in the Medical Reserve Corps, was ordered to report at Chillicothe, Ohio, on April 9.

DR. A. J. REDMON of Peru suffered a stroke of paralysis early in April and was in a very serious condition. It is reported that his condition is improved.

DR. EVERETT H. PEA of Vincennes has been commissioned first lieutenant in the Medical Reserve Corps and ordered to report for active duty on April 10.

DR. H. H. MARTIN of Laporte, lieutenant in the Medical Reserve Corps, was ordered to report April 16 for active duty at Camp McClellan, Aniston, Ala.

DR. THOMAS KENNEDY and wife of Indianapolis are making an extensive automobile trip through the South, returning home by the Atlantic Coast route and New York City.

DR. CHARLES E. STONE, vice-president of the Indiana State Medical Association, 1914-1915, formerly of Shoals, has located in Vincennes for the practice of medicine and surgery.

DR. CHARLES R. DANCER of Fort Wayne, commissioned as captain in the Medical Reserve Corps, was ordered to report at Hoboken, N. J., April 25.

DR. AARON JOHNSTON of Akron has removed to Star City to take up the practice of his son, Dr. Edw. E. Johnston, who has entered the U. S. service.

DR. M. F. BRACKNEY of Mooresville, first lieutenant in the Medical Reserve Corps, was ordered to Fort Benjamin Harrison for training April 22.

DR. J. O. PAUL of Newcastle underwent an operation for appendicitis at the St. Vincent's Hospital, Indianapolis, April 20. He is making an uneventful recovery.

DR. PAUL R. TINDALL of Greensburg has been commissioned first lieutenant in the Medical Reserve Corps and ordered to Fort Oglethorpe, Ga., for training.

DR. M. S. BULLA of Richmond has been appointed third member and examining physician of the Wayne County Conscription Board to succeed Dr. F. W. Krueger.

DR. DAVID COHEN of Jeffersonville, captain in the Medical Reserve Corps, was ordered to report at Camp Greenleaf, Fort Oglethorpe, Ga., for active duty on April 5.

DR. CARL R. SOUDER of Columbia City, in military service and located at Camp Grant, Illinois, has suffered a severe attack of bronchial pneumonia, but is making a satisfactory recovery.

THE regular April meeting of the Dubois County Medical Society was held at Huntingburg April 16. Dr. W. D. Bretz read a paper on "Schock—Etiology, Symptoms and Treatment."

THE physicians of Berne, Indiana, were hosts to the Adams County Medical Society April 12. Dr. C. H. Schenk read a paper on "Pneumonia," which was widely discussed by all doctors present.

THE Wells County Medical Society held a meeting April 30 at the office of Dr. Louis Severin as a farewell for Dr. George B. Morris of Petroleum, who left May 1 for duty at Fort Oglethorpe, Ga.

DR. CHARLES P. EMERSON made two addresses in Jersey City early this month and also spent a day in Washington conferring with officials of the Medical Section of the Council of National Defense.

THE Indianapolis Medical Society held its meeting of April 30 at the City Hospital where clinical cases were presented by Dr. R. O. Mc-Alexander, Dr. Frank E. Abbett, Dr. W. D. Hoskins and Dr. H. G. Hamer.

LIEUT. H. V. LOGAN of Rushville has been honorably discharged from military service because of physical unfitness. He returned home from Fort Riley, Kansas, the first of April, having been in training there since March.

THE commencement exercises of the Lutheran Hospital Training School for Nurses, Fort Wayne, was held Thursday evening, May 2, followed by a reception to the graduates. Seventeen nurses received their diplomas.

A CABLEGRAM has been received announcing the safe arrival in France of Army Hospital Unit 1, in command of Major J. B. Fattic of Anderson and composed of physicians, orderlies and nurses of Anderson and surrounding territory.

DR. DANIEL W. LAYMAN of Indianapolis will attend the annual meeting of the American Laryngological, Rhinological and Otological Society, of which he is vice-president and a member of the council, at Atlantic City the last week in May.

LILLY BASE HOSPITAL No. 32, composed of Indianapolis men, has requested and been sent baseball equipment for two teams. They report that two nines have been organized in the Unit, and it is proposed to teach the French the American game.

DR. J. R. SICKLER of Frankfort was married last month to Miss Ethel Rorick of Indianapolis. The affair was solemnized very quietly at the home of the Rev. Morton C. Pearson. Dr. Sickler is one of the new members of the county and state medical associations.

DR. M. M. PARSONS, who for the past year or more has held a position in the Woodmere Asylum at Evansville, has resigned same and located at Dubois for the practice of medicine, purchasing the business of Dr. U. G. Kelso. Dr. Kelso has located at Vincennes.

A TRAINING station has been established at Gary for the training of Polish young women who have volunteered for service in the hospital corps with the Polish army in France. Dr. R. Ostrowski of Gary has charge of the first aid and preliminary instruction.

THE fifteenth semi-annual convention of the Indiana State Nurses' Association convened at Lafayette, April 4. Recruiting of Red Cross nurses for Army service in camps and cantonments, both in America and France, was the principal subject of discussion.

DR. M. RAVDIN of Evansville has been elected president of a clinic of physicians and surgeons of the city who have organized for the purpose of doing work for indigent schoolchildren. Other officers of the organization are Dr. G. C. Johnson, vice-president, and Dr. W. R. Cleveland, secretary.

DR. GEORGE C. SCHAEFFER, formerly practicing physician of Bloomington, but later of Columbus, Ohio, holds commission of major in the M. R. C., and has been detailed to spend a month in observation of plastic work in French and British hospitals. At the expiration of his month's observation he is to head a plastic unit in an American hospital in France.

DURING April the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Merck and Company; Cresol-Merck; Guaiacol Carbonate-Merck; Quinine Dihydrochloride-Merck; Quinine and Urea Hydrochloride-Merck; Thymol Iodide-Merck.

DR. F. T. WILCOX of Laporte received a message on April 22 from the War Department stating that his son, Lieut. Edward B. Wilcox, had been wounded in France. The extent of the injuries was not stated. Dr. Wilcox has been endeavoring to get into communication with his son and visited Indianapolis to enlist the assistance of Dr. Eastman.

THE new anti-tuberculosis hospital being erected by Allen County will be named in honor of Miss Irene Byron, former secretary of the Allen County Anti-Tuberculosis Society, who died recently while in service as Red Cross nurse at one of the southern training camps. The hospital will be known as the Irene Byron Anti-Tuberculosis Hospital.

THE staff of the Union Hospital, Terre Haute, have purchased a total of \$65,000 worth of Liberty Bonds. There are eighteen doctors on the staff, eight of whom have left for active war duty, and two are now awaiting calls. Also fifteen of the nurses of the hospital have left for Red Cross service, and three are awaiting orders.

"THE Care and Treatment of the Pregnant Woman" was the subject discussed at the April meeting of the Madison County Medical Society, held April 30 at the Y. M. C. A., Anderson, and to which all laymen and women were invited. The meeting was in charge of Dr. Etta Charles of Anderson and Dr. Nettie Powell of Marion, and was held in the interest of the child welfare movement now on.

DR. SILVIO VON RUCK, tuberculosis expert of Asheville, N. C., died in New York City April 7 of pneumonia. Dr. von Ruck was medical director of the Winyah Sanatorium at Asheville, but announcement is made that the institution will be maintained as formerly under the personal supervision of the deceased's father, Dr. Karl von Ruck.

DR. G. B. JACKSON, president of the Indianapolis City Board of Health, member of the faculty of the Indiana University School of Medicine, and staff surgeon at the City Hospital, has accepted a commission as captain in the Medical Reserve Corps, tendered his resignation to the city and left Indianapolis May 3 for training, in accordance with orders from the War Department.

THE Liberty Loan Committee of the Indianapolis Medical Society has obtained subscriptions for more than \$50,000 worth of bonds. This committee was composed of Dr. H. E. Gabe, chairman, and Drs. Marshall, Wheeler, Hamer, McCown, McCaskey, Henry, Cunningham, Ogle and Stewart. The Indianapolis Society also has invested a surplus of \$500 in Liberty Bonds.

CAPT. JOHN R. NEWCOMB, M.R.C., of Indianapolis, has left for Washington for active duty and has been assigned for temporary duty with the Attending Surgeon's Office in Washington. Captain Newcomb's office has been left in the care of Dr. Joel Whitaker who limits his practice exclusively to ophthalmology. Dr. Whitaker will occupy Captain Newcomb's office, 410 Hume-Mansur Building.

THE Indiana State Council of Defense, which is compiling the list of Indiana medical men who have received commission, applied for commission, or been drafted into service, is desirous of hearing from the various county chairmen with accurate information concerning the status of the enlistment of medical men in their respective counties. Prompt and accurate attention to this matter will very greatly assist in giving the Indiana medical profession proper credit.

DR. CHAS. N. COMBS, Terre Haute, first lieutenant in the Medical Reserve Corps, has been assigned as anesthetist to the Post Hospital, Fort Benjamin Harrison. Arrangements have been made whereby Dr. Combs retains his office as secretary-treasurer of the Indiana State Medical Association, the details of which will be cared for by Dr. Combs' stenographer and Dr. Gekler. Dr. Combs reported for duty about April 25.

A COMMISSION of about sixty members, headed by John H. Finley, commissioner of education of New York, has been sent to Palestine by the American Red Cross to study the needs of the people of the Holy Land and assist in their relief. The first work of the commission will be to establish in Palestine four medical units to combat typhus, cholera and other diseases. A fully equipped hospital will be established at a point to be selected, and dispensaries and village work will be established in the less densely populated districts.

SOME little time ago Drs. D. D. Oaks and E. D. Maddux, only physicians of the little town of LaCrosse, Laporte County, enlisted in the Medical Reserve Corps and were ordered for training to one of the training camps, leaving the community without local medical help. Following the appeal of residents of the community Dr. Maddux was released from military duty to care for the civilian population at home. A short time ago Dr. Maddux was accidentally killed by a railroad train, again leaving the community without medical aid; and another appeal was made for the release of Dr. D. D. Oaks, which was granted.

PLANS have been completed whereby the Ways Sanitarium of Fort Wayne, erected by Dr. A. H. Macbeth, and recently occupied by the Hope Hospital, has been purchased and taken over by the Methodist Episcopal Church, and will be known as the Methodist Hospital of Fort Wayne. The hospital will be under the ownership and management of the Methodist

Hospital Association which has charge of the Methodist Hospital of Indianapolis, and under the general superintendency of Dr. C. S. Woods, superintendent of the Methodist Hospital at Indianapolis. It is anticipated that the hospital will be running under the new management by the latter part of May.

IN answer to the appeal of the Surgeon-General for 400 more doctors from Indiana for the Medical Reserve Corps, the Indiana Committee of the Medical Section of the Council of National Defense, acting through the Indiana State Medical Association, conducted a recruiting drive in practically every county of the State, winding up with rallies on May 7. The committee in charge of this drive was composed of Dr. Charles P. Emerson, Dr. Frank B. Wynn, Dr. John H. Oliver, Dr. Thomas B. Noble and F. E. Raschig. According to latest figures from the Surgeon-General's office, Indiana ranks forty-second in the list of states in the proportion of its medical population in the Reserve Corps. Because of this poor showing the committee made every effort to obtain at least 400 doctors in order that the state might be placed at the top of the list where it belongs. Cards were signed at these meetings by all doctors available for service in the Medical Reserve Corps and application blanks will be sent out to these doctors to be followed by physical examinations. The government will send an examining board to various centers in the state, or it may name a traveling examiner. So far all doctors desiring to enter the Medical Reserve have gone to Fort Harrison for their examination. In order to talk over various matters with the Surgeon-General and the Medical Section of the Council of National Defense, Dr. J. R. Eastman and several members of the Indiana Committee went to Washington on May 2.

ORDERS to officers of the Medical Reserve Corps, as pertains to Indiana doctors, during the month of April:

To Camp Dodge, Des Moines, Iowa, for duty, from Fort Riley, Lieut. RAYMOND EVANS, Clinton.

To Camp Doniphan, Fort Sill, Okla., base hospital, Lieut. ALBERT E. BARBER, South Bend.

To Camp Meade, Annapolis Junction, Md., base hospital, from Camp Meade, Lieut. ROBERT E. REPASS, Indianapolis.

To Camp Sherman, Chillicothe, Ohio, base hospital, Lieuts. EDWARD J. RICHSTEIN, Evansville; HARVEY K. STORK, Huntingburg; LEO A. SALB, Jasper.

To Camp Wheeler, Macon, Ga., base hospital, Lieut. ELMER E. EIFERT, Jasper.

To Chickamauga Park, Ga., for duty, from Fort Oglethorpe, Capt. THOMAS J. DEHEY, South Bend.

To Hoboken, N. J., for duty, from Camp Lee, Capt. ALFRED P. ROOPE, Columbus.

To Mincola, Long Island, N. Y., Hazelhurst Field, from Indianapolis, Capt. ERNEST DEW. WALES, Indianapolis.

To Rockefeller Institute for instruction in laboratory work, and on completion to Army Medical School for duty, from Army Medical School, Lieut. HARRY C. JOHNSON, Logansport.

Honorably discharged, Lieut. BENJAMIN S. POTTER, Cumberland.

Resignations of Capt. IRA A. NELSON, Crothersville, and Lieut. JAMES B. SHOEMAKER, Miami, accepted.

To Camp Meade, Annapolis Junction, Md., base hospital, from Camp Devens, Capt. HARRY S. OSBORNE, Glenwood.

To Camp Sherman, Chillicothe, Ohio, to examine the command for mental and nervous diseases, from Ann Arbor, Lieut. CLYDE C. ITLER, New Castle.

To Camp Upton, Long Island, N. Y., for duty, Lieut. JOHN G. HUBER, Evansville.

To Chicago, Ill., for instruction, Lieut. HELMUTH C. W. ERNST, East Chicago.

To Fort Oglethorpe for instruction, Capt. MITCHELL C. CLOKEY, Huntington; DAVID COHEN, Jeffersonville; Lieuts. MARSHALL B. CATLETT, Fort Wayne; JOHN B. TALMAGE, Lagoda; HAROLD S. HATCH, Oaklandon; C. SAMUEL WHITE, Rosedale; AUGUST O. TRUELOVE, Warsaw; DANIEL E. LYBROOK, Young America.

To Fort Riley for duty, from Camp Pike, Lieut. CHARLES H. JONES, Indianapolis.

To Rockefeller Institute for instruction and on completion *to Camp Hancock*, Augusta, Ga., base hospital, from Fort Riley, Lieut. JOHN W. THOMSON, Garrett.

To San Francisco, Calif., for instruction, and on completion *to Camp Kearny*, Linda Vista, Calif., base hospital, from Douglas, Ariz., Capt. JOHN E. METCALF, Gary.

Honorably discharged on account of physical disability existing prior to entrance into the service, Lieut. HENRY V. LOGAN, Rusville.

To Atlanta, Ga., for duty, from Fort Oglethorpe, Capt. MERTON A. FARLOW, Melroy.

To Camp Beauregard, Alexandria, La., base hospital, from Camp Shelby, Capt. JAMES A. WORK, Jr., Elkhart. For duty, from Fort Oglethorpe, Lieut. ARCHIE V. HINES, Auburn.

To Camp Forrest, Chickamauga Park, Ga., for duty, from Fort Oglethorpe, Lieut. JAMES F. HATFIELD, Walton.

To Camp Gordon, Atlanta, Ga., as commanding officer of base hospital, from Camp Gordon, Major SIMON J. YOUNG, Varpaiso.

To Camp Hancock, Augusta, Ga., for duty, from Camp Sevier, Lieut. SEWELL B. COULSON, Maldron.

To Camp Joseph E. Johnston, Jacksonville, Fla., base hospital, from Camp Zachary Taylor, Capt. GEORGE D. MARSHALL, Kokomo.

To Camp Custer, Battle Creek, Mich., as member of the tuberculosis examining board from Fort Riley, Lieut. LAWRENCE L. CRAVEN, East Peru.

To Camp Dix, Wrightstown, N. J., for duty, from Camp Sevier, Lieut. LYMAN A. BURNSIDE, Terre Haute.

To Camp Greene, Charlotte, N. C., base hospital, from Fort Oglethorpe, Lieut. GROVER C. PRICE, Judson.

To Camp Meade, Annapolis Junction, Md., base hospital, from Army Medical School, Lieuts. HERMAN H. GICK, Indianapolis; OLIVER B. GRIEST, Lafayette.

To Camp Sherman, Chillicothe, Ohio, base hospital, from Fort Riley, Lieut. ROBERT W. REID, Union City.

To Camp Travis, Fort Sam Houston, Tex., for duty, from Fort Oglethorpe, Lieut. ADAM F. PANEK, South Bend.

To Camp Wadsworth, Spartanburg, S. C., base hospital, from Fort Oglethorpe, Lieut. WALTER D. MARTIN, Kramer.

To Camp Zachary Taylor, Louisville, Ky., base hospital, from Camp Laurel, Lieut. ARA D. SHARP, Lafayette.

To Fort Oglethorpe for instruction, Capt. EDGAR F. SOMMER, Indianapolis; JOHN W. BOWERS, Michigan City; Lieuts. RAYMOND J. BERGHOFF, Ft. Wayne; H. PAUL PRESTON, Plymouth; WALTER L. MISENER, Richmond; TELL C. WALTERMIRE, Shelbyville; EVERETT H. PEA, Vincennes; JOHN F. DOWNING, Yorktown. Base hospital, and on completion *to Camp Gordon*, Atlanta, Ga., base hospital, from Fort Oglethorpe, Lieut. OLIVER C. BENNETT, Culver. On completing *to Camp Hancock*, Augusta, Ga., base hospital, from Fort Oglethorpe, Lieut. EMERY F. SMALL, Decker.

To Washington, D. C., for consultation, and on completion *to Fort Slocum*, N. Y., for duty, from Fort Riley, Capt. NOAH W. CLARK, Rossville.

Honorably discharged, Capt. JOSEPH M. GLENN, Vincennes. On account of physical disability existing prior to entrance into the service, Capt. WILLIAM W. EICHELBERGER, Evansville.

To Camp Crane, Allentown, Pa., for temporary duty, Capt. HENRY O. BRUGGEMAN, Fort Wayne.

To Camp Devens, Ayer, Mass., for duty, from Fort Oglethorpe, Lieut. JAY H. GRIMES, Danville.

To Camp Dodge, Des Moines, Ia., base hospital, Capt. GEORGE H. PENDLETON, Indianapolis.

To Camp Jackson, Columbia, S. C., as a member of a board examining the command for tuberculosis, from Fort Oglethorpe, Lieut. CHARLES F. VOIGT, New Albany.

To Camp McClellan, Anniston, Ala., base hospital, Lieut. HARVEY H. MARTIN, LaPorte.

To Camp Sherman, Chillicothe, Ohio, as member of the tuberculosis examining board, from Camp Forrest, Lieut. JAMES F. HATFIELD, Walton.

To Camp Zachary Taylor, Louisville, Ky., base hospital, from Camp Zachary Taylor, Capt. HAROLD B. COX, Morris-town.

To Fort Oglethorpe for instruction, Lieuts. MILES F. PORTER, Jr., Fort Wayne; CHARLES L. AMICK, Wakarusa; from Camp Travis, Capt. MANFORD M. CLAPPER, Lafayette.

To Hoboken, N. J., for duty Lieut. BRUCE D. HART, South Whitley, from Fort Oglethorpe, Lieut. DUFFIELD D. MACGILLIVRAY, Pine Valley.

Honorably discharged on account of physical disability existing prior to entrance into the service, Lieut. CARL L. SOUTHERS, Columbia City.

CORRESPONDENCE

AN INVITATION

CHICAGO, ILL.

Editor THE JOURNAL:

The Chicago Medical Society wishes to invite the physicians of the Army and Navy and the various examining boards as their guests during the meeting of the American Medical Association. Headquarters will be "Parlor A," La-Salle Hotel.

We can assure you it will afford the Medical Society much pleasure to have the physicians engaged in the service visit Chicago during this meeting and will spare no means to make this visit pleasant.

Yours very truly,
W. T. MEFFORD,
J. V. FOWLER,
JOHN S. NAGLE,
Entertainment Committee.

FROM DR. A. E. FAUVE (Fort Wayne)

HOSPITAL TRAIN 50,
April 3, 1918.

DR. A. E. BULSON,
Fort Wayne, Indiana.

Dear Doctor:

Just a few lines to tell you that the U. S. medical men are doing splendid work "over here." All of my work has been on hospital trains and hospital ships. The last four months I have been attached to Hospital Train 50, and we will be kept quite busy this month evacuating patients to different sections of France. The work is very interesting and not at all monotonous. To make it more lively we are kept busy dodging bombs from aeroplanes or from big "Bertha" guns. We already have had several narrow escapes.

Fraternally yours,
FAUVE.

MAINTAINING THE EDUCATIONAL STANDARD FOR THE PRACTICE OF MEDICINE

(NOTE:—The following letter is being sent to many medical men in Indiana by the Indiana State Board of Medical Registration and Examination. The letter and the subject considered pertain to such an important matter that we believe it is worthy of reproduction in THE JOURNAL.)

INDIANAPOLIS, IND.,

April 10, 1918.

Dear Doctor:—The responsibility of caring for human life and health is the greatest of all responsibilities. All persons holding themselves out as being entitled to consult and advise the sick, regardless of the method of treatment employed, cannot escape this responsibility.

Recognizing the importance of education and training as being essential and necessary to meet such responsibility, the legislature of 1897 enacted a law requiring the practitioners of all schools or systems of practice to satisfy the state on the question of their educational qualification before undertaking the practice of the healing art.

At each recurring session of the legislature since the enactment of this law, efforts have been made to pass a law permitting the adherents of some particular school to engage in the practice without complying with the established educational requirements for the practitioners of other schools. There could be no serious objection to this being done, provided the present educational standard were not lowered in so doing. It is significant, however, that a lower standard of educational qualification is always sought by the persons desiring such legislation. Such a measure, if it should become a law, would result in nullifying the present established standard of education for the licensing of physicians.

If you favor maintaining a uniform standard of educational qualification for all persons seeking substantially the same privilege, and oppose special concessions being made in the interest of any school, or system of practice, do not delay in learning the attitude on the question of all prospective candidates in your county for nomination to represent you in the legislature.

May we entertain the hope that you will actively oppose the nomination of any man who favors the passage of a law, the effect of which will be to discriminate in favor of the adherents of any school or system of practice, namely, admitting to licensure the adherents of any school on a *lower* educational standard than is now required of the practitioners of other schools?

Very truly,

W. T. GOTT, M.D.,

Secretary Board of Medical Registration and Examination.

LIST OF PHYSICIANS IN THE STATE OF INDIANA WHO HAVE APPLIED FOR, OR WHO HAVE BEEN DRAFTED INTO, SERVICE

ADAMS COUNTY

Hinchman, Clarence Paul.... Geneva.....Drafted—not exam.
Jones, D. D.....Berne.....Acc. M. R. C.
Jones, H. O.....Berne.....In ser.

ALLEN COUNTY

Barnett, C. E.....Fort Wayne.....Acc. M. R. C.
Beall, C. G.....Fort Wayne.....Acc. M. R. C.
Benninghoff, D. R., Jr.....Fort Wayne.....Acc. M. R. C.
Blosser, H. V.....Fort Wayne.....App. M. R. C.
Bruggeman, H. O.....Fort Wayne.....Com. M. R. C.
Brughoff, R. J.....Fort Wayne.....Acc. M. R. C.
Calvin, W. D.....Fort Wayne.....Acc. M. R. C.
Carey, W. W.....Fort Wayne.....Acc. M. R. C.
Dancer, C. R.....Fort Wayne.....Acc. M. R. C.
Ditton, I. W.....Fort Wayne.....Acc. M. R. C.
Drayer, L. P.....Fort Wayne.....Acc. M. R. C.
Eberly, K. C.....Fort Wayne.....Acc. M. R. C.
Edlavitch, B. M.....Fort Wayne.....Acc. M. R. C.
Erwin, H.....Huntertown.....Acc. M. R. C.
Farnham, W. C.....Fort Wayne.....Acc. M. R. C.
Fauve, A. E.....Fort Wayne.....Acc. M. R. C.
Johnston, Donald D.....Fort Wayne.....Acc. M. R. C.
Gilpin, J. H.....Fort Wayne.....Acc. M. R. C.
Hamilton, Allen.....Fort Wayne.....Acc. M. R. C.
Harrod, Morse.....Fort Wayne.....Acc. M. R. C.
Kane, A. L.....Fort Wayne.....Acc. M. R. C.
Meudenhall, E. N.....Fort Wayne.....Acc. M. R. C.
Metcalf, D. D.....Fort Wayne.....Acc. M. R. C.
Porter, M. F., Jr.....Fort Wayne.....Acc. M. R. C.
Rawles, L. T.....Fort Wayne.....Acc. M. R. C.
Rhamy, B. W.....Fort Wayne.....Acc. M. R. C.
Schanz, R. F.....Fort Wayne.....Acc. M. R. C.
Rosenthal, M. I.....Fort Wayne.....App. M. R. C.
Senseny, H. M.....Fort Wayne.....Acc. M. R. C.
Singer, E. C.....Fort Wayne.....Acc. M. R. C.
Van Baskirk, E. M.....Fort Wayne.....App. M. R. C.
Van Sweringen, B.....Fort Wayne.....Acc. M. R. C.
Van Sweringen, G.....Fort Wayne.....App. M. R. C.

BARTHOLOMEW COUNTY

Beck, F. J.....Hartsville.....Acc. M. R. C.
Breitenbach, O. C.....Columbus.....App. M. R. C.
Hawes, J. K.....Columbus.....Rej. M. R. C.
Redman, L. H.....Elizabethtown.....Acc. M. R. C.
Roope, A. P.....Columbus.....Acc. M. R. C.
Thorn, W. E.....Columbus.....Acc. M. R. C.

BENTON COUNTY

Bundy, Clyde Talbot.....Earl Park.....Acc. M. R. C.
Clayton, Geo. R., Jr.....Fowler.....Acc. M. R. C.
Hubbard, Henley H.....Boswell.....Acc. M. R. C.
Randall, Edwin.....Ambia.....App. M. R. C.

BLACKFORD COUNTY

Buckles, Herbert L.....Hartford City Com. Ohio R.C. Unit
Dodds, Thos. C.....Hartford City.....App. M. R. C.
Emshwiller, Marion A.....Montpelier.....Acc. M. R. C.
Sellers, Chas A.....Hartford City.....App. M. R. C.
Wise, Wm.....Hartford City.....Acc. M. R. C.

BOONE COUNTY

Johnson, Thomas B.....Jamestown.....Acc. M. R. C.

CARROLL COUNTY

Crampton, Chas. C.....Delphi.....Acc. M. R. C.
Locke, F. C.....Ockley.....Com. N. G.

CASS COUNTY

Badders, Ara Carl.....Onward.....Acc. M. R. C.
Hatfield, James.....Walton.....Acc. M. R. C.
Holmes, Will W.....Logansport.....Acc. M. R. C.
Johnson, Harry Charles.....Logansport.....Acc. M. R. C.
Nelson, Jas. V.....Logansport.....Acc. M. R. C.
Nicodemus, John Phillips.....Logansport.....Acc. M. R. C.
Stanton, Jas. Justice.....Logansport.....Acc. M. R. C.
Troutman, Rodney E.....Logansport.....Acc. M. R. C.

CLARK COUNTY

Cohen, David H.....Jeffersonville.....Acc. M. R. C.
Cortner, Sidney G.....Otisco.....Disch. M. R. C.
Crum, Claud C.....Jeffersonville.....Acc. M. R. C.
Elrod, Stephen B.....Jeffersonville.....Acc. M. R. C.
Reeder, Henry H.....Jeffersonville.....Acc. M. R. C.
Walker, Jas. W.....Jeffersonville.....Acc. M. R. C.
Peyton, D. C.....Jeffersonville.....Acc. M. R. C.

CLAY COUNTY

Brown, Archie Schuyler....Clay City.....App. M. R. C.
 Dilley, Fred C.....Brazil.....Acc. M. R. C.
 Elliott, Harry.....Brazil.....App. M. R. C.
 Finley, G. W.....Brazil.....Rej. M. R. C.
 Hawkins, Robert W.....Brazil.....Acc. N. G.
 Hirt, Luther S.....Brazil.....Rej. M. R. C.
 Rentschler, L. C.....Center Point.....Acc. M. R. C.
 Sourwine, Clint Crosdale.....Brazil.....Acc. N. G.
 Ward, Harry H.....Coalmont.....Acc. M. R. C.
 Weaver, Timothy M.....Cory.....App. M. R. C.
 Williams, Lewis L.....Brazil.....Rej. M. R. C.

CLINTON COUNTY

Botts, Harry H.....Colfax.....Acc. M. R. C.
 Chittick, Archibald.....Frankfort.....In service
 Chittick, Golding.....Frankfort.....Acc. Ambulance Co.
 Clark, Noah Webster.....Rossville.....Acc. Gov. Ser.
 Johnson, Robert Carson.....Frankfort.....Resigned
 Robinson, John Eayres.....Geetingsville.....Acc. M. R. C.
 Compton, A. C.....Michigantown.....Acc. (Resigned)
 Thorpe, Byron B.....Michigantown.....Gov. Service

DAVIESS COUNTY

Boner, Geo. W.....Washington.....Acc. M. R. C.
 Bowman, Ira E.....Odon.....Acc. M. R. C.
 May, Vance.....Washington.....Rej. M. R. C.
 Rang, Arthur A.....Washington.....Drafted and exemp.
 Winklex, Aaron M.....Elnora.....Acc. M. R. C.

DEARBORN COUNTY

Holtegel, _____.....Dillsboro.....Navy
 Jackson, John M.....Aurora.....Acc. M. R. C.
 Johnston, D. E.....Moore Hill.....Acc. M. R. C.
 Randall, J. Wesley.....Lawrenceburg.....Rej. M. R. C.
 Smith, Eben.....Dillsboro.....Acc. M. R. C.
 Stewart, O. H.....Aurora.....Acc. M. R. C.
 Ulrich, A. J.....Aurora.....Acc. M. R. C.
 Wallace, E. R.....Aurora.....Rej. M. R. C.
 Fagaly, A. T.....Lawrenceburg.....Acc. M. R. C.

DECATUR COUNTY

Bird, Chas. R.....Greensburg.....Acc. M. R. C.
 Clark, Prosser E.....Clarksburg.....Rej. M. R. C.
 Glass, Jacob C.....Millhousen.....Rej. M. R. C.
 Jewett, Earl D.....St. Paul.....Acc. M. R. C.
 Riley, Eden T.....Greensburg.....4 App. M. R. C.
 Tindall, Paul R.....Greensburg.....Drafted
 Turner, Wm. R.....St. Paul.....Acc. Navy
 Weaver, D. W.....Greensburg.....Rej. M. R. C.

DEKALB COUNTY

Fanning, Frank D.....Butler.....App. M. R. C.
 Geisinger, L. N.....Auburn.....Acc. M. R. C.
 Hines, A. V.....Auburn.....Acc. M. R. C.
 Hines, D. M.....Auburn.....Acc. M. R. C.
 Ish, E. A.....Waterloo.....Acc. M. R. C.
 Kramer, A. A.....Butler.....App. M. R. C.
 Samuelli, Walter A.....Butler.....Acc. M. R. C.
 Schurtz, E. K.....Waterloo.....Acc. M. R. C.
 Shumaker, W. F.....Butler.....Rej. M. R. C.
 Thomson, J. W.....Garrett.....Acc. M. R. C.
 Farnham, Waldo.....St. Joe.....In service

DELAWARE COUNTY

Book, C. L.....Muncie.....Acc. M. R. C.
 Bunch, Fred.....Muncie.....Acc. M. R. C.
 Clauser, E. H. (Home Hosp.).....Muncie.....Acc. M. R. C.
 Cole, R. E.....Muncie.....App. M. R. C.
 Downing, J. F.....Yorktown.....Acc. M. R. C.
 Green, E. S.....Muncie.....In service
 Green, D. R.....Muncie.....In service
 Jump, S. G.....Schna.....Acc. M. R. C.
 Kirklin, B. R.....Muncie.....Acc. M. R. C.
 Mix, C. H.....Muncie.....Rej.
 Wright, C. H.....Yorktown.....App. M. R. C.
 Wolff, Morris.....Muncie.....Acc. M. R. C.
 Tucker, O. Arnold.....Daleville.....Acc. M. R. C.
 Robinson, Michael.....Muncie.....Acc. M. R. C.

DUBOIS COUNTY

Bretz, W. D.....Huntingburg.....Drafted
 Gussell, Andrew F.....Ferdinand.....Acc. M. R. C.
 Kuapp, Henry Clay.....Huntingburg.....Acc. M. R. C.
 McKinney, Sherman L.....Huntingburg.....Drafted
 Sall, Leo Alhert.....Jasper.....Drafted
 Stark, Harvey K.....Huntingburg.....Drafted and Rej.
 Eifert, E. E.....Haysville.....Drafted

ELKHART COUNTY

Elliott, L. A.....Elkhart.....Acc. M. R. C.
 Hetsler, O. I.....Elkhart.....Acc. M. R. C.
 Simmons, L. H.....Millersburg.....Acc. M. R. C.
 Work, J. A.....Elkhart.....Acc. M. R. C.
 O'Brien, Louis T.....Elkhart.....Acc. M. R. C.

FAYETTE COUNTY

Fletcher, A. J.....Connorsville.....Acc. M. R. C.
 Osborne, Harry S.....Glenwood.....Acc. M. R. C.
 Phillips, Wm. Robt.....Glenwood R.D. 29.....Acc. M. R. C.
 Smelser, Herman W.....Connorsville.....Acc. Drafted
 Ross, Melvin.....Everton.....Acc. M. R. C.

FLOYD COUNTY

Day, Geo. H.....New Albany.....Acc. M. R. C.
 Kinberger, Albert Glenn.....Galena.....Acc. M. R. C.
 Taylor, Elmer J.....Greenville (Geo'town).....M. R. C.
 Winstandley, Wm. C.....New Albany.....App. M. R. C.
 Moore, Wm.....New Albany.....App. M. R. C.

FOUNTAIN COUNTY

Beckett, Clinton G.....Kramer.....Acc. M. R. C.
 Bolling, Louis A.....Kramer.....Acc. M. R. C.
 Burlington, J. Roy.....Attica.....Acc. M. R. C.
 Caplinger, T. Parvin.....Wallace.....Acc. M. R. C.
 Little, E. O.....Kramer.....Acc. M. R. C.

FRANKLIN COUNTY

Metcalf, Henry C.....Laurel R. D. 1.....Draft. & Exempt.

FULTON COUNTY

Waite, Earl L.....Rochester.....Acc. M. R. C.

GIBSON COUNTY

Brazleton, Osborn T.....Princeton.....Applied
 Gudgel, Harry B.....Princeton.....Acc. M. R. C.
 Loudin, Ernest B.....Hazleton.....Rej. M. R. C.
 Morris, Wm. F.....Fort Branch.....Acc. M. R. C.
 Stephens, Olen Clarence.....Fort Branch.....Rej. M. R. C.

GRANT COUNTY

Cameron, V. V.....Marion.....Rej. Ambulance Ser.
 Davis, Merrill S.....Marion.....Acc. M. R. C.
 Kimball, Glen D.....Marion.....In Ambulance Ser.
 Lucas, Philip H.....Jonesboro.....In Ambulance Ser.
 McQuown, Otis W.....Marion.....In Ambulance Ser.
 Miller, Harry.....Marion.....In Soldiers' Home Ser.
 Peters, Chas. E.....Marion.....Acc. M. R. C.
 Priest, Frank Allen.....Marion.....In Service
 Stout, Ellis Trent.....Upland.....In Ambulance Ser.

GREENE COUNTY

Cook, H. S.....Worthington.....Acc. M. R. C.
 Craft, W. F.....Linton.....Rej. temporarily
 Custer, A. T.....Linton.....Rej. temporarily
 Deem, F. S.....Solsberry.....Acc. M. R. C.

HAMILTON COUNTY

Haworth, Geo. Dewey.....Noblesville.....1st Lt. I. N. G.
 Hooke, Sam Wishard.....Noblesville.....Acc. M. R. C.
 Thompson, Henry H.....Noblesville.....1st Lt. U. S. R.
 Young, Edward Milton.....Sheridan.....1st Lt. U. S. R.
 Tucker, Fred A.....Noblesville.....U. S. R.
 Cox, Harold B.....Sheridan.....Acc. M. R. C.

HANCOCK COUNTY

Allen Jos. Lee.....Greenfield.....Acc. M. R. C.
 Adkins, Onan Chas.....McCordsville.....Acc. M. R. C.
 Bruner, Chas. H.....Greenfield.....Acc. M. R. C.
 Clayton, Samuel D.....Maxwell.....App.
 Ferrell, Jesse Egbert.....Fortville.....App.
 Gibbs, Chas. Milo.....Greenfield.....App. M. R. C.
 Gimmel, H. C.....Greenfield.....Acc. M. R. C.
 McGaughey, Carl W.....Greenfield.....Rej. Red Cross
 Thomas G. B.....Greenfield R. 4.....Acc. M. R. C.

HARRISON COUNTY

Glenn, Lafayette.....Ramsey.....App. M. R. C.
 Sutter, Chas. C.....Depauw.....Acc. M. R. C.
 Teaford, Benj. J.....Lanesville.....Acc. M. R. C.

HENDRICKS COUNTY

Ader, Jacob.....Danville.....Acc. M. R. C.
 Grimes, J. Harold.....Danville.....Acc. M. R. C.
 Hope, Chas. Franklin.....Coatesville.....Acc. M. R. C.
 Jones, Rilus E.....Clayton.....Rei.
 Lingeman, Edward L.....Brownsburg.....Acc. M. R. C.
 Royer, Elmo Ray.....North Salem.....Acc. M. R. C.
 Scamahorn, Oscar T.....Pittsboro.....Rej. Navy-temporarily
 Thixton, _____.....North Salem.....Acc. M. R. C.
 Otrich, Grover C.....Belleville (Clayt.R.D.).....Acc. M. R. C.

HENRY COUNTY

Arford, Rexford D.....Honey Creek.....Rej.
 Bitler, Clyde C.....Newcastle.....App.
 Gordon, Virgil.....Bluntsville.....Draft No. not drawn
 Holloway, Jean Samuel.....Knightsstown.....App. M. R. C.
 Rees, Omar H.....Knightsstown.....App. M. R. C.
 Smith, Geo. H.....New Castle.....App. M. R. C.
 Westhafer, Edson K.....New Castle.....App. M. R. C.

HOWARD COUNTY

Anderson, Thos.	Kokomo	Now at Wash.	Acc. Com.
Bannon, F. R.	Kokomo		Acc. M. R. C.
Freeman, Elbert Earl	Greentown		App. M. R. C.
Henderson, A. H.	Kokomo		Acc. M. R. C.
Henderson, Frederick	Kokomo		Acc. M. R. C.
Lung, Bruce D.	Kokomo	Drafted—not exam.	
Marshall, Geo. Dexter	Kokomo		Acc. M. R. C.
Martin, Fred DeWees	Kokomo		Rej.
Oiler, H. L.	Kussaville	Nat. G. & rej. & conse.	
Peters, B. J.	Kokomo		Acc. M. R. C.
Ramey, John W. (Col.)	Kokomo		Drafted
Thompson, B. A.	Kokomo		Acc. M. R. C.
Willcutts, Morton	Kokomo		App. M. R. C.

HUNTINGTON COUNTY

Clokey, Mitchel C.	Huntington		Acc. M. R. C.
Galbreath, Russell Sheridan	Huntington	Rej. (Draft)	
Johnston, Robt. Gray	Markle		Acc. M. R. C.
Krebs, Maurice Hill	Huntington		In service
Thomas, Marcus H.	Huntington		In service
Wright, C. L.	Huntington		App. M. R. C.

JACKSON COUNTY

Graessle, Geo. G.	Seymour		Rej. M. R. C.
Kyte, Edwin G.	Seymour		Acc. N. G.
Matlock, Neal	Medora		Rej. M. R. C.
Niles, John H.	Seymour		Acc. M. R. C.

JASPER COUNTY

Fyfe, M. B.	Wheatfield		Acc. M. R. C.
Hewitt, H. E.	DeMott		Acc. M. R. C.
Hemphill, F. H.	Rensselaer		Rej.
Johnson, C. E.	Rensselaer		Acc. M. R. C.

JAY COUNTY

Graham, Cova Roy	Bryant	Drafted but not called	
Hiatt, E. R.	Portland		Acc. M. R. C.
Smith, Grover A.	Bryant		Acc. M. R. C.

JEFFERSON COUNTY

Denny, Fred C.	Madison		Rej. M. R. C.
Dow, W. S.	Prooksburg		Acc. M. R. C.
Henning, Carl	Hanover		Acc. M. R. C.
Turner, Oscar A.	Madison		Rej. M. R. C.

JENNINGS COUNTY

Daubenheyer, M. F.	Butler		Acc. M. R. C.
Green, J. Harvey	No. Vernon	Drafted & Rejected	
McFarlin, Chas. C.	Nebraska, R.F.D.		Acc. M. R. C.
Wildman, Otis	Butler		Acc. Navy

JOHNSON COUNTY

Chenoweth, E. B.	Ninevah		Acc. M. R. C.
Good, DeWitt R.	Greenwood		Rej.
Woodcock, Chas.	Whiteland	Drafted, not exam.	
Wright, Waldo W.	Edinburg		Acc. M. R. C.
Lochry, Ralph	Franklin		Acc. Base Hosp.
Dixon, Frank			In Service

KNOX COUNTY

Ashley, Chas. W.	Bicknell		Acc. M. R. C.
Baker, Herman M.	Oaktown		Acc. M. R. C.
Curtner, M. L.	Vincennes		Acc. M. R. C.
Glenn, Jos. M.	Emison		Rej. M. R. C.
Hodges, W. A.	Vincennes		Acc. M. R. C.
Johnson, M. H. C.	Vincennes		Acc. M. R. C.
McCoy, J. N.	Vincennes		Acc. M. R. C.
Pea, Everett	Bicknell		Acc. M. R. C.
Reese, F. L.	Decker		Acc. M. R. C.
Small, Emery F.	Wheatland		Acc. Navy
Wood, Robert S.	Vincennes		Acc. M. R. C.

KOSCIUSKO COUNTY

Druley, G. N.	North Webster		Rej. M. R. C.
Fermier, P. G.	Leesburg		Acc. M. R. C.
Garber, Paul A.	Sidney	Drafted, not exam.	
Howard, C. N.	Warsaw		Acc. M. R. C.
Hoy, C. R.	Syracuse		Acc. M. R. C.
Murphy, S. C.	Warsaw		Com. I. N. G.
Taylor, G. C.	Claypool		Acc. M. R. C.
Truelove, A. O.	Warsaw		Acc. M. R. C.
Young, F. J.	Milford		Acc. M. R. C.
Denison, Raymond C.	Bremen		Acc. M. R. C.
Hardy, J. J.	Plymouth		Acc. gone
Holtendorff, C. F.	Plymouth		Rej. M. R. C.
Kelly, Frank H.	Argos		Acc. M. R. C.
Knott, Harry	Plymouth		Acc. M. R. C.
Marshall, Geo. Lyman	Bourbon		Acc. M. R. C.
Nusbaum, Chas. E.	Bremen		Rej. M. R. C.
Preston, H. P.	Plymouth		Acc. M. R. C.
Radcliffe, Floyd E.	Bourbon		App. Red Cross
Tallman, H. II.	Culver		Acc. M. R. C.

LAGRANGE COUNTY

Bartholomew			Acc. M. R. C.
Grubb, Albert G.	Mongo		Acc. M. R. C.
Rozelle, Carlos C.	La Grange		Acc. M. R. C.
Lawson, Isaac Henry	Wolcottville		Acc. M. R. C.
Dryer, Ernest R.	La Grange		Acc. M. R. C.
Dryer, Chas. S.	La Grange		Acc. M. R. C.
Short, J. Theron			Acc. M. R. C.

LAKE COUNTY

Bicknell, Geo. F.	Fast Chicago		Acc. M. R. C. (in Fr.)
Chevigny, J. A. J.	Dyer		Acc. M. R. C.
Dewey, Edward L.	Whiting		Acc. M. R. C.
Graham, Joseph Allen	Hammond		Acc. M. R. C.
Hosmer, Harry Marvin	Gary		Acc. M. R. C.
McGuire, Desmond F.	Indiana Harbor		Acc. M. R. C.
Merritt, Frank Waldo	Gary		Acc. M. R. C.
Metcalf, John E.	Gary		Acc. M. R. C.
Newton, Edward K.	Whiting		Acc. M. R. C.
Norris, Wm. H.	Gary		Rej.
Ostrowski, Leonard J.	Hammond		Ind. N. G.
Shanklin, Eldridge M.	Hammond		Rej.
Spear, Robt.	East Chicago		Acc. M. R. C.

LAPORTE COUNTY

Bowers, Paul E.	Michigan City		Rej. M. R. C.
Danruthers, Chas. Broadway	Laporte		Rej. M. R. C.
Long, Victor	Laporte		Rej. M. R. C.
Maddux, Elmer D.	Laporte		Acc. M. R. C.
Maddux, M. S.	LaCrosse		Acc. M. R. C.
Martin, H. H.	Laporte		Acc. M. R. C.
Oak, David D.	LaCrosse		Acc. M. R. C.
Osborn, Geo. Robt.	Laporte		Acc. M. R. C.
Pinkerton, Forrest J.	Westville		Service in Army
Simon, Arthur R.	Laporte		Rej. M. R. C.
Webster, Ben	Tracy		Acc. M. R. C.
Wilcox, Franklin T.	Laporte		Acc. M. R. C.

LAWRENCE COUNTY

Carey, Harry K.	Bedford		Enlisted
Norman, Olin Bertram	Eedford		Acc. M. R. C.

MADISON COUNTY

Armington, John	Anderson		Rej.
Fattie, J. B.	Anderson		Acc. Red Cross Unit
Collins, Albert W.	Anderson		Acc. M. R. C.
Gante, Henry W.	Anderson		Acc. M. R. C.
Hockett, Geo. H.	Anderson		Acc. M. R. C.
Hunt, Lee F.	Anderson		Acc. M. R. C.
Jones, Thomas Monroe	Anderson		Red Cross Unit
McDonald, Virgil Swinn	Perkinsville		Rej. Red Cross
Miley, Weit M.	Anderson		Acc. M. R. C.
Mobley, Louis F.	Summittville		Acc. Red Cross Unit
Norris, Samuel C.	Anderson		Rej.
Stoddard, James M.	Anderson		Acc. Red Cross Unit
Tracy, J. Ross	Anderson		Acc. M. R. C.
Norris, Chas. F.	Anderson		Acc. M. R. C.

MARION COUNTY

Allen, H. R.	Indianapolis		Acc. M. R. C.
Asher, Ernest O.	New Augusta		Draft 5105
Barcus, Clarence E.	Indianapolis		Acc. M. R. C.
Barnes, Arthur L.	Southport		App. M. R. C.
Barry, Morris Joseph, Jr.	Indianapolis		Acc. M. R. C.
Beeler, Raymond Cole	Indianapolis		Base Hosp. 32
Boaz, John Jordan	Indianapolis		Acc. M. R. C.
Bowman, Geo. W.	Indianapolis		Acc. M. R. C.
Brayton, Frank A.	Indianapolis		U. S. A. Amb. Co.
Brayton, Nelson D.	Indianapolis		App. M. R. C.
Buehler, Eugene	Indianapolis		Acc. M. R. C.
Button, Canada	Indianapolis		Rej. M. R. C.
Campbell, Clayton C.	Indianapolis		Acc. M. R. C.
Carter, LaRue D.	Indianapolis		Acc. M. R. C.
Clark, Edmund D.	Indianapolis		Acc. M. R. C.
Coble, Paul B.	Indianapolis		Acc. M. R. C.
Converse, Ray Victor	Indianapolis		Rej. M. R. C.
Cook, Chas. J.	Indianapolis		Acc. M. R. C.
Cottingham, Chas. E.	Indianapolis		Acc. M. R. C.
Craft, K. L.	Indianapolis		Acc. M. R. C.
Cregor, Franklin W.	Indianapolis		Rej. M. R. C.
Day, J. T.	Indianapolis		Acc. M. R. C.
Dodgers, W. A.	Indianapolis		Acc. M. R. C.
Dubois, Edward Julien	Indianapolis		Acc. M. R. C.
Duckworth, James W.	Indianapolis		Acc. M. R. C.
Dunning, Lehman M.	Indianapolis		Acc. M. R. C.
Eastman, Joseph Rilus	Indianapolis		Acc. M. R. C.
Edwards, Scott R.	Indianapolis		Acc. M. R. C.
Elfers, Chas. R.	Indianapolis		Acc. M. R. C.
Eicher, F. T.	Indianapolis		Acc. M. R. C.
Emhardt, John W. A.	Indianapolis		Acc. M. R. C.
Ensminger, Leonard A.	Indianapolis		Acc. M. R. C.
Fosworthy, Frank Wilbur	Indianapolis		Acc. M. R. C.
Garner, Wm.	Indianapolis		British Hospital
Gick, Herman H.	Indianapolis		App. M. R. C.
Graham, Alois B.	Indianapolis		Acc. M. R. C.
Guedel, Arthur E.	Indianapolis		Acc. M. R. C.
Gutelius, Chas. B.	Indianapolis		Acc. M. R. C.
Guthrie, Geo. Lewis	Indianapolis		Acc. M. R. C.
Habich, Carl	Indianapolis		Acc. M. R. C.
Hare, E. H.	Indianapolis		App. M. R. C.
Hickman, Arthur M.	Indianapolis		App. M. R. C.

MARION COUNTY—Continued

Hickson, Fred E.	Indianapolis	Acc. M.R.C., resigned
Holman, Jerome E.	Indianapolis	Draft., not yet called
Holmes, Claud Duvall	Indianapolis	Acc. M. R. C.
Hon, Amzi W.	Indianapolis	Acc. M. R. C.
Hosman, F. L.	Indianapolis	Acc. M. R. C.
Huffman, Lester Dale	Beech Grove	Acc. M.R.C., Navy
Humes, Chas. Dolph.	Indianapolis	Acc. M.R.C., B. Hos.
Hurt, Paul Thos.	Indianapolis	Acc. M.R.C., B. Hos.
Hutchins, Frank F.	Indianapolis	Acc. M. R. C.
Hyde, Loran A.	Indianapolis	Acc. M. R. C.
Ierman, Geo. E.	Indianapolis	Nat. Guard
Jobes, Norman E.	Indianapolis	Acc. M. R. C.
Johnson, Smith S.	Indianapolis	Acc. M. R. C.
Jones, Clarence Kenneth	Indianapolis	Acc. M. R. C.
Jones, Chas. H.	Indianapolis	Acc. M. R. C.
Jones, Homer I.	Indianapolis	App. M. R. C.
Keene, Thomas Victor	Indianapolis	Acc. M. R. C.
Kennedy, Bernays	Indianapolis	Acc. M.R.C., B. Hos.
Kuehler, Luke Wm.	Indianapolis	App. Navy
Lankford, Jos. E.	Indianapolis	App. M. R. C.
Larkin, Bernard John	Indianapolis	Acc. M.R.C., B. Hos.
Leonard, Frank S.	Indianapolis	Acc. M. R. C.
Light, Mason B.	Indianapolis	Acc. M. R. C.
Ludwig, Oscar Denneen	Edgwood, Southport	Rej. M. R. C.
Marquette, L.	Indianapolis	Navy
Marsh, C. A.	Indianapolis	App. M. R. C.
Marsh, John Adam	Broad Ripple	Com. U.S.N.R.C.
Marshall, Augustus L.	Indianapolis	Rej. M. R. C.
Martin, John Albert	Indianapolis	Acc. M. R. C.
Martin, Paul F.	Indianapolis	Acc. M. R. C.
Maxwell, Leslie H.	Indianapolis	Acc. M.R.C., B. Hos.
Mayfield, Clifford H.	Indianapolis	Acc. M. R. C.
McCaskey, Geo. H.	Indianapolis	App. M. R. C.
McCullough, Carleton B.	Indianapolis	Acc. M. R. C.
Mitchell, A. J.	Indianapolis	Drafted
Moore, Robert	Indianapolis	Acc. M.R.C., B. Hos.
Frank, A. Morrison	Indianapolis	Rej. M. R. C.
Mumford, Eugene B.	Indianapolis	Acc. M. R. C.
Nimal, Harold W.	Indianapolis	Acc. M. R. C.
Nolting, Henry F.	Indianapolis	Drafted 2d call
Nushaum, J. D.	Indianapolis	Applied
Page, Lafayette	Indianapolis	Acc. M.R.C., B. Hos.
Pettijohn, Blanchard B.	Indianapolis	Acc. M. R. C., Home
Pettijohn, F. L.	Indianapolis	Acc. M. R. C.
Pfaff, Orange G.	Indianapolis	Acc. M. R. C.
Quimby, Smith	Indianapolis	Acc. M. R. C.
Reed, Jewett Villeroy	Indianapolis	Acc. M. R. C., Navy
Ricketts, Jos. W.	Indianapolis	Acc. M.R.C., B. Hos.
Rinker, Earl Bailey	Indianapolis	Navy
Rosenberg, John H.	Indianapolis	Army
Rosier, Maurice	Indianapolis	Navy
Salh, John August	Indianapolis	App. Navy
Scherer, Jack Walter	Indianapolis	Acc. M. R. C.
Segar, Louis H.	Indianapolis	Acc. M. R. C.
Shipp, Floyd N.	Indianapolis	Acc. M. R. C.
Sluss, John W.	Indianapolis	Acc. M. R. C.
Smith, Jas. Madison	Indianapolis	Acc. M. R. C.
Sparks, Jas. Vincent	Indianapolis	Acc. M. R. C.
Stafford, Lindley H.	Indianapolis	Rej. M. R. C.
Stayton, C. A.	Indianapolis	Acc. M. R. C.
Sterne, Albert E.	Indianapolis	Acc. M. R. C.
Storms, Roy Basil	Indianapolis	Acc. M. R. C.
Stowers, Jesse Linus	Indianapolis	Acc. M. R. C.
Strickland, Clarence R.	Indianapolis	Acc. M. R. C.
Sutherland, Cecil Gleun	Indianapolis	Acc. M. R. C.
Sumerlin, Harold	Indianapolis	Acc. M. R. C.
Sweet, R. L.	Indianapolis	Acc. M. R. C.
Thomas, Ray Henry	Indianapolis	Acc. M. R. C.
Thomson, G. D.	Indianapolis	Acc. Navy
Thurston, H. S.	Indianapolis	Acc. Navy
Tinsley, Walter B.	Indianapolis	Drafted
Wales, Ernest DeWolfe	Indianapolis	Acc. M. R. C.
Walker, Frank C.	Indianapolis	Acc. M. R. C.
Walker, John C.	Indianapolis	Acc. M. R. C.
Walsh, Wm. F.	Indianapolis	Acc. M. R. C.
Ward, Jos. H. (Col)	Indianapolis	App. M. R. C.
Warfel, Fred C.	Indianapolis	Acc. M. R. C.
Wayman, Cecil L.	Indianapolis	R.R. 2. Acc. M.R.C.
Weer, H. L.	Indianapolis	Acc. M.R.C., Navy
Wentzel, Wm. S.	Indianapolis	Army
Wells, Geo. M.	Indianapolis	Acc. M.R.C., retired
Weverbacker, Arthur F.	Indianapolis	Acc. M. R. C.
Willeford, Geo. Anson	Indianapolis	Acc. M. R. C.
Willis, Edward A.	Indianapolis	Acc. M. R. C.
Woods, Chas. Edwin	Indianapolis	App. M. R. C.

MARTIN COUNTY

Pahmcier, John W.	Indiana Springs	Acc. M. R. C.
Stone, Chas. Edw.	Shoals	Acc. M. R. C.

MIAMI COUNTY

Carter, Phineas B.	Macy	App. M. R. C.
Linc, Home Earl	Chili	Acc. M. R. C.
Lynch, Otho Rees	Peru	Acc. M. R. C.
McClintic, Brown S.	Peru	Acc. M. R. C.
Newell, Andrew Sutton	Converse	App. M. R. C.
Newell, Geo. W.	Peru	Acc. M. R. C.
Shoemaker, Jas. Blaine	Miami	Acc. M. R. C.
Spooner, John P.	Peru	Acc. M. R. C.
Taylor, Merrell H.	Macy	Rej. M. R. C.
Van Matcr, Geo. C.	Peru	Acc. M. R. C.
Yarling, John E.	Peru	App. M. R. C.

MONROE COUNTY

Aiken, Raymond	Bloomington	Acc. M. R. C.
Bohmitt, Jas. Douglass	Bloomington	Acc. Navy
Gardner, Fletcher	Bloomington	Acc. M. R. C.
Harris, Oliver K.	Ellettsville	Acc. M. R. C.
Holland, Geo. Frank	Bloomington	Acc. M. R. C.
Holland, J. Edwin P.	Bloomington	Acc. M. R. C.
Holtzman, W. Rice	Stineville	App. M. R. C.
Campbell, Jos. A.	Bloomington	Acc. M. R. C.

MONTGOMERY COUNTY

Cary, N. Austin	Crawfordsville	Com. N. G., active
Clements, Geo. E.	Crawfordsville	App. M. R. C.
Howard, Chester W.	Chicago, Flat 2 Austin, 130 Lorel Ave.	Acc. M. R. C.
Munsell, W. W.	Crawfordsville	App. Navy, M.R.C.
Ramsey, Geo. P.	Crawfordsville	Rej.
Rhea, James O.	Linden	Acc. M. R. C.
Sigmond, Harvey Worth	Crawfordsville	Com. M.R.C., service not accepted
Talmage, John Burr	Ladoga	Com., Inactive
Williams, Geo. T.	Crawfordsville	Acc. M. R. C.
Williams, Harry Bion	Mace	Capt. Res. Corps, U.S.A.

MORGAN COUNTY

Brackney, Millard F.	Mooreville	App.
Breedlove, G. B.	Martinsville	Acc. M. R. C.
Daggy, Benj. Thomas	Mooreville	Acc. M. R. C.
Maxwell, John H.	Martinsville	Rej.
Robinson, Frank C.	Martinsville	N. G. (Major)
Spoor, John S.	Brooklyn	Rej.
White, Claude H.	Monrovia	Rej.

NEWTON COUNTY

Bassett, C. C.	Goodland	Acc. M. R. C.
Larrison, G. D.	Brook	Acc. M. R. C., draft

NOBLE COUNTY

Cekul, E. C.	Laotto	Rej. M. R. C.
Goodwin, C. B.	Kendallville	Rej. M. R. C.
Green, John Winston	Alhion	Acc. Naval Reserve
Hardy, Chas. Franklin	Kendallville	Enlisted Naval Res.
Hussey, V. G.	Ligonier	App. M. R. C.
Johnstone, Donald D.	Kendallville	Acc. M. R. C.

OHIO COUNTY

Ford, O. P. M.	Rising Sun	Rej. M. R. C.
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ORANGE COUNTY

Dillinger, Jos. R.	French Lick	Acc. M. R. C.
Hoggatt, W. W.	French Lick	Acc. M. R. C.

OWEN COUNTY

Bartley, Donald A.	Spencer	Acc. M. R. C.
Richards, R. H.	Patrickshurg	Acc. N. G.

PARKE COUNTY

Bloomer, Jos. Robert	Rockville	Acc. N. G.
Connelly, John J.	Rockville	Acc. M. R. C.
Newhouse, Omar A.	Montezuma	Acc. M. R. C.
Price, Grover C.	Judson	Acc. M. R. C.
Swope, Raymond E.	Rockville	Acc. M. R. C.

PERRY COUNTY

Conner, D. S.	Cannelton	Com. 1910
Glenn, Fred C.	Tell City	Rej. M. R. C.
Schriefer, E. E.	Cannelton	Acc. M. R. C.
Wedding, M. F.	Cannelton	Rej. M. R. C.
Williams, Fred Nathaniel	Tell City	Acc. M. R. C.

PIKE COUNTY

Baker, Jas. S.	Spurgeon	Acc. Navy
Imel, E. S.	Petersburg	Acc.
Kime, John T.	Petersburg	Rej. M. R. C.
Taylor, D. E.	Velpen	Applied

PORTER COUNTY

Titus, John Macy	Hebron	Com., discharged
Young, Simon J.	Valparaiso	Acc. M. R. C.
Willett, Irving H.	Valparaiso	Acc. M. R. C.

POSEY COUNTY

Fitzgerald, K. C.	New Harmony	Acc. M. R. C.
Parmenter, G.	Stewartsville	Acc. M. R. C.
Rawlings, C. L.	New Harmony	Applied
Ramsey, D. C.	Mt. Vernon	App. M. R. C.
Hastings, W. E.	Mt. Vernon	Acc. M. R. C.

PULASKI COUNTY

Johnson, E. E.	Star City	Acc. M. R. C.
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PUTNAM COUNTY

Conn, W. D.	Bainbridge	Rej. M. R. C.
Gillespie, Jos. F.	Greencastle	Acc. M. R. C.
Hutcheson, W. R.	Greencastle	Rej. M. R. C.
Lemon, R. E.	Greencastle	Acc. M. R. C.
Reed, David E.	Russellville	Acc. M. R. C.
Tucker, Cassell Clark	Greencastle	Acc. M. R. C.

RANDOLPH COUNTY

Martin, C. E.	Carlos City	Acc. M. R. C.
Reid, R. W.	Union City (X Ray)	Acc. M. R. C.
Robison, J. S.	Winchester	Acc. M. R. C.
Welburn, E. L.	Union City	App. M. R. C.
Zeller, F. A.	Union City	Acc. M. R. C.
Brenner, Ivan E.	Winchester	Acc. M. R. C.

RIPLEY COUNTY

Butts, Herbert P.	Pierceville	Acc. M. R. C.
Cox, Lafayette Thos.	Napoleon	Acc. M. R. C.
Holton, Chas. E.	Holton	Rej. M. R. C.
Hunter, Tony Edw.	Versailles	Acc. M. R. C.
Nelson, Harry Garfield	Osgood	App. M. R. C.
Ryan, Chas. D.	Cross Plains	Acc. M. R. C.
Whitlatch, Irving A.	Milan	Acc. M. R. C.

RUSH COUNTY

Green, Lowell McKee	Rushville	Acc. M. R. C.
Houghland, C. S.	Milroy	Acc. M. R. C.
Logan, H. V.	Rushville	Acc. M. R. C.
Tucker, Carroll J.	Rushville	Acc. M. R. C.

ST. JOSEPH COUNTY

Allen, G. B.		Rej. M. R. C.
Barber, A. E.	South Bend	Acc. M. R. C.
Cooper, H. L.	South Bend	Acc. M. R. C.
Dehey, T. J.	South Bend	Capt.'s Com.
Duggan, Jas. A.	South Bend	Active duty, Navy
Hickman, J. S.		Acc. M. R. C.
Hillman, W. H.	South Bend	App. M. R. C.
Hutchinson, B. M.	Mishawaka	Acc. M. R. C.
Kuhn, Leslie A.	Wyatt	Acc. M. R. C.
McNeel, J. F.		Acc. M. R. C.
Miller, H. M.	South Bend	Acc. M. R. C.
Owen, W. L.	South Bend	Rej. M. R. C.
Savery, Chas. E.	South Bend	Rej. M. R. C.
Seymour, T. F.	Mishawaka	Acc. M. R. C.
Shanklin, R. C.	South Bend	Acc. M. R. C.
Traver, Perry C.	South Bend	Acc. M. R. C.
Varier, Chas. E.	South Bend	Rej. M. R. C.
Snee, Harry Boyd		Acc. M. R. C.
Whitehill, J. E.		Capt.
Panek, A. F.		Acc. M. R. C.
Goodwin, T. D.		Acc. M. R. C.

SCOTT COUNTY

Mathews, Chas. B.	Lexington	Acc. M. R. C.
Wells, E. M.		Acc. M. R. C.

SHELBY COUNTY

Coulson, S. B.	Waldron	Acc. M. R. C.
Cox, A. B.	Morristown	Acc. M. R. C.
Waltermire, T. C.	Shelbyville	Acc. M. R. C.

SPENCER COUNTY

Beidenkopf, C. J.	Grandview	Acc. Navy
Glackman, John Clay	Hatfield	Acc. M. R. C.

STEBEN COUNTY

Blosser, Blaine A.	Fremont	Acc. M. R. C.
Humphreys, Frank Blair	Angola	Acc. N. G.
Lane, W. H.	Angola	Acc. M. R. C.
Ransome, Glen D.	Hamilton	Acc. M. R. C.
Swantusch, Otto H.	Metz	Acc. M. R. C.

SULLIVAN COUNTY

Crowder, Joe R.	Sullivan	Rej. M. R. C.
Dukes, Frederick M.	Dugger	Rej. M. R. C.
Gill, Ira J.	Dugger	Rei. M. R. C.
Higbee, Paul.	Sullivan	Acc. M. R. C.
O'Dell, Harry	Farmersburg	Acc. M. R. C.
Scott, Garland D.	Sullivan	Acc. M. R. C., resigned

SWITZERLAND COUNTY

Dodd, D. W.	Vevay R. F. D.	Acc. Navy
Hall, Wesley Marion	East Enterprise	Acc. M. R. C.
Shadday, Alva	Vevay	Acc. Navy

TIPPECANOE COUNTY

Arnett, A. C.	LaFayette	Acc. M. R. C.
Clapper, M. M.	LaFayette	Acc. M. R. C.
Griest, O. E.	LaFayette	App. M. R. C.
McCoy, W.	LaFayette	Acc. M. R. C.
McCoy, O. L.	Romney	Acc. M. R. C.
McClelland, D. C.	LaFayette	Capt. N. G.
Mitchell, R. S.	West Point	Acc. M. R. C.

TIPTON COUNTY

Chance, B. V.	Windfall	Acc. M. R. C.
Gifford, H. S.	Tipton	Acc. Bact. Dept. Gov.
Leeson, E. E.	Sharpsville	Acc. M. R. C.
Mozingo, A. E.	Tipton	Acc. M. R. C.
Moser, E. B.	Windfall	Acc. M. R. C.
Reagan, L. M.	Tipton	Acc. M. R. C.
Recobs, R. M.	Tipton	Acc. M. R. C.

UNION COUNTY

Hawley, Paul R.	College Corner, O.	Acc. M. R. C.
Hawley, W. H.	College Corner, O.	App.

VANDERBURGH COUNTY

Bretz, Ross B.	Evansville	Acc. M. R. C.
Cleveland, Walter R.	Evansville	Rej. M. R. C.
Cox, Jos. B.	Evansville	Acc. M. R. C.
Dyer, Wallace C.	Evansville	Acc. M. R. C.
Ehrick, Wm. Siegman	Evansville	Acc. M. R. C.
Folsom, E. M.	Evansville	Acc. M. R. C.
Hewins, Warren W.	Evansville	Acc. M. R. C.
Huber, John G.	Evansville	Acc. M. R. C.
Laubscher, Samuel R.	Evansville R.F.D.	Acc. M. R. C.
Magenheimer, Edgar F.	Evansville	Drafted
Miller, Minor W.	Evansville	Rej. M. R. C., drafted
Phillips, Wm. O.	Evansville	Acc. M. R. C.
Rose, Ben S.	Evansville	Acc. M. R. C.
Walden, Reavill M.	Evansville	Acc. M. R. C.
Willis, J. Herbert	Evansville	Acc. M. R. C.
Whitledge, Herbert E.	Evansville	Acc. M. R. C.

VERMILION COUNTY

Ashby, Chas. N.	Clinton	Acc. M. R. C.
Beeler, Frank McHarry	Clinton	Acc. M. R. C.
Casebeer, I. M.	Newport	Acc. M. R. C.
Johnson, Wm. Alex.	Dana	App. M. R. C., drafted
Myers, Wm. C.	Dana	Acc. M. R. C.
Saunders, Jones Lindsey	Newport	Acc. M. R. C.

VIGO COUNTY

Alexander, Oliver O.	Terre Haute	Acc. M. R. C.
Barbazette, L. F.	Terre Haute	Acc. M. R. C.
Burnsides, L. A.	Terre Haute	Acc. M. R. C.
Carpenter, Geo. Chester	Terre Haute	Acc. M. R. C., disch.
Casey, Otto	Terre Haute	Acc. M. R. C.
Combs, Chas. Nathan	Terre Haute	Acc. M. R. C.
Combs, Malachi R.	Terre Haute	Acc. M. R. C.
Crawford, Wm. Grisby	Terre Haute	Rej. M. R. C.
Danner, R. J.	West Terre Haute	Acc. M. R. C.
Dunweg, Rudolph	Terre Haute	Acc. M. R. C.
Freed, John E.	Terre Haute	Acc. M. R. C.
Fortune	Terre Haute	Acc. M. R. C.
Gillum, John R.	Terre Haute	Acc. T. H. Red Cross
Hutchings, Byron Merle	Terre Haute	Rej. M. R. C.
Jett, Frank Hulbert	Terre Haute	Acc. M. R. C.
Johnson, Geo. T.	Terre Haute	Acc. M. R. C.
Kutch, Melchard Helmer	Terre Haute	Acc. M. R. C.
La Bier, Clarence R.	Terre Haute	Acc. M. R. C.
Layman, Ernest W.	Terre Haute	Rej. Navy
Mitchell, Albert M.	Terre Haute	Acc. Navy
Mulliken, Hugh M.	Terre Haute	Rej. M. R. C.
Panck, A. F.	Terre Haute	App. M. R. C.
Pierce, H. J.	Terre Haute	Rej. M. R. C.
Shanklin, Vernon A.	West Terre Haute	Rej. M. R. C.
Shores, E. M.	Terre Haute	Acc. M. R. C.
Siehnemorgan, L.	Terre Haute	Rej. M. R. C.
Stunkard, Thos. C.	Terre Haute	Acc. M. R. C.
Weinstein, Jos. H.	Terre Haute	Acc. M. R. C.
Weir, Edward A.	Terre Haute	Acc. M. R. C.

WABASH COUNTY

Beam, Zera Merritt	Urbana	Acc. M. R. C.
Domer, Walter A.	Wabash	Acc. M. R. C.
Higgins, J. B.	La Fontaine	Rej. M. R. C.
Jewett, Lawrence Emmett	Wabash	Acc. M. R. C.
Kidd, James Gordon	Roann	Acc. M. R. C.
Walker, James Lynn	La Fontaine	Acc. M. R. C.
Whisler, Frederick M.	Wabash	Acc. M. R. C.

WARREN COUNTY

Johnson, Earl E.	West Lebanon	Acc. M. R. C.
McGillivray, W. W.	Pine Village	Acc. M. R. C.
Stephenson, Richard	West Lebanon	Acc. M. R. C.

WARRICK COUNTY

Raibourn, R. L.	Lynnville	Applied
Sample, J. Tilden	Boonville	Acc. M. R. C.
Spradley, L. G.	Tennysen	U. S. Secret Service

WASHINGTON COUNTY

Bierach, J. L.	Salem	Acc. M. R. C.
Paynter, H. M.	Salem	Rej. M. R. C.
Zink, Clyde M.	Salem	Acc. M. R. C.
Hucklecherry, Irvin	Salem	Acc. M. R. C.

WAYNE COUNTY

Craig, Jos. Sherman	Richmond	Acc. M. R. C.
Darrow, Frederick L.	Richmond	Acc. M. R. C.
Fisher, J. M.	Centerville	Acc. M. R. C.
Fisher, Wm. T.	Centerville	Acc. M. R. C.
Grosvenor, Julius J.	Richmond	Acc. U. S. P. H. R. C.
Goodman, Abram R.	Richmond	Acc. M. R. C.
Goran, Thos. B.	Richmond	Acc. M. R. C.
Hays, Geo. Robinson	Richmond	Rei.
La Bonte, Napoleon	Richmond	Acc. M. R. C.
Markley, Stephen C.	Richmond	Acc. M. R. C.
Misener, Walter L.	Richmond	Acc. M. R. C.
Morrow, Roy D.	Richmond	Rei.
Whallon, Arthur J.	Richmond	Acc. M. R. C.
Grimm, Jesse	Richmond	Acc. M. R. C.

WELLS COUNTY

Dickason, Francis M.	Bluffton	Rej. M. R. C.
Metts, Fred A.		Rej. M. R. C.
Morris, Geo. Burr.	Petroleum	Acc. M. R. C.
Somers, L. Erskine.	Craigville	Drafted

WHITE COUNTY

Coffin, Guy R.	Monticello	Acc. M. R. C.
Coyner, Alfred Bruce.	Chalmers	Drafted, not exam.
Gray, Arthur D.	Monticello	Capt. I. N. G.
Goodwin, Ulysses Grant.	Monticello	Rej. M. R. C.
McBeth, Walter.	Burnetts Creek	Acc. M. R. C.
Rariden, L. Bradley.	Brookston	Acc. N. G.

WHITLEY COUNTY

Eberhard, Fred G.	South Whitney	Acc. M. R. C.
Grisier, Otto W.	Columbia City	Acc. M. R. C.
Hart, Bruce	South Whitney	Acc. M. R. C.
Pence, Benj. F.	Churubusco	Acc. M. R. C.
Souder, C. L.	Columbia City	Acc. M. R. C.
Lutes	Laud	Acc. M. R. C.

RESERVE CORPS U. S. NAVY

Harding, Losey	Kirklin	Navy
Mitchell	Marshall	Navy
Murray, Dwight	Bloomington	Navy
Thomas	Corydon	Navy

MEDICAL CORPS U. S. ARMY

Hildrup, Don G.	Windfall	Acc. M. R. C.
Kent, Geo. B.	Mulberry	Acc. M. R. C.

SOCIETY PROCEEDINGS

INDIANAPOLIS MEDICAL SOCIETY

Washington Hotel—March 12, 1918

Meeting was called to order by the president, Dr. Norman E. Jobes. By consent of the society the minutes of the previous meeting were not read.

The applications of Drs. C. V. Dunbar, Harvey W. Miller and Charles O. McCormick were read for the second time and referred to the council.

Dr. E. G. Beck of Chicago read a paper on "Skin Sliding Operations for the Radical Cure of Empyema and Osteomyelitis and the Use of Bismuth Paste in War Wounds." Abstract follows:

The author presented a résumé of his work on bismuth paste treatment in chronic suppurations due to disease and also crushing wounds, illustrating the technic by means of moving films. The results obtained eliminate at least 65 per cent. of all chronic suppurations, after they have gone through the usual procedure of surgical treatment. The balance of 35 per cent. he treats by the skin sliding operation, without any suture of the skin flap. Illustrations of cases were shown by slides. The results were most satisfactory, since it eliminated nearly all the cases which had resisted previous surgical treatment, as well as the bismuth paste treatment.

The principal points brought out were as follows:

1. The method is applied indiscriminately, without control by radiograms.

2. The mixture, when injected, is not sufficiently liquefied to fill all the sinuses and suppurating cavities.

3. The bismuth is applied in cases in which either a sequestrum of infected foreign body is at the bottom of the trouble.

4. The injections are often kept up after the wound is sterilized and thus no chance is given for healing.

5. The instruments used are often improvised and unsuitable.

6. The bismuth mixture is very often spoiled by the accidental mixture of a few drops of water. (Syringes should be perfectly dry when used.)

The sinus or fistula is nothing more than a shriveled abscess or abscesses. It leads from its opening on the skin or within the bowel to the place where the disease originated, and this focus of disease is often at a considerable distance from the opening or openings of the sinus. It is, therefore, inconsistent to try to eradicate the suppuration by only dissecting the sinus tracts. With the radiographic reproductions of the labyrinths of sinuses before us, an attempt to dissect the same would be absolutely hopeless.

If the focus from which the sinus originated is reached and disinfected, in practically all instances the sinuses will close up. *It is, therefore, essential that when a fistula or sinus is injected with bismuth paste it must reach the focus of the disease.* If, through faulty technic, this is not accomplished, good results cannot be expected.

INDICATION

1. All sinuses resulting from chronic suppurative joint affections, tuberculous as well as nontuberculous. This includes the sinuses especially after spondylitis and hip joint diseases.

2. Sinuses after osteomyelitis of long bones and flat bones, including ribs.

3. Sinuses resulting from suppurative diseases of parenchymatous organs, such as the kidney and other glandular structures in the body, including suppurative tuberculous glands.

4. Postoperative sinuses which sometimes remain after draining infected wounds.

5. Sinuses after empyema of the pleura or from lung abscess.

6. In cases of abscess and suppuration of the mammary glands.

7. In all infected wounds due to crushing injuries.

8. In infected and long suppurating war wounds due to shrapnel or bayonet injury. It has already been tested in these and found most effective. The rapid accumulation of this class of cases due to the present war in Europe will furnish a tremendous amount of material for treatment.

9. On rectal fistula or pararectal abscesses.

10. By otolaryngologists in the treatment of suppurative antrum disease and accessory sinuses, as well as in the after-treatment of mastoid operations.

11. By dentists in suppurative sinuses about the teeth and jaws and in pyorrhea alveolaris.

12. It has also been used by us in chronic endometritis.

13. In the prevention of sinuses by incising the cold abscess and injecting it with a 5 per cent. bismuth paste.

SUMMARY

To insure success in employing bismuth paste the essential points are summarized as follows:

1. One should make a correct diagnosis by all the methods at his disposal and corroborate same with stereoscopic radiograms before an injection is made.

2. Before attempting to employ this method, one should acquaint himself thoroughly with the technic.

3. The proper instruments should be employed in order to carry out the technic correctly.

4. The patient should be kept under constant observation to prevent bismuth intoxication.

5. Examine the secretions from the sinus before the first injection, by slide and culture, and often by the inoculation of guinea-pigs; then three days later test the sterilizing effect of the injection.

6. As long as the sinus contains micro-organisms it should be reinjected, but if it is found sterile, it should not be reinjected.

7. It is good practice to wait at least one week after the first injection before repeating it.

8. A stereoscopic radiogram of the parts affected should always precede the first injection, in order to detect the presence of sequestra or foreign bodies. The shadow of the paste might make their presence obscure.

9. Following the injection, a second set of stereoscopic radiograms should be taken in order to make a correct anatomic diagnosis.

10. In case a foreign body or sequestrum is present, the injection is useless, operation the only means.

11. Acute suppurative processes should not be treated with bismuth paste; only chronic suppurations, both tubercular and nontubercular.

12. Bismuth poisoning may be easily prevented by using only small quantities, or when large quantities are required they should not be retained longer than ten days, and the patient should be carefully watched.

13. Fecal fistula and other postoperative sinuses are very favorably affected by bismuth paste treatment.

14. A 10 per cent. bismuth vaselin may be used in cold abscesses. In practically all instances the secondary infection can be prevented, providing the technic is carefully observed.

Attendance 101.

Hotel Washington—March 19, 1918

Meeting called to order by the president, Dr. Norman E. Jobs.

Minutes of the previous meeting read and approved.

Dr. Harry Gabe addressed the society on the importance of the next Liberty Loan and the doctors' connection with it.

Dr. T. B. Eastman moved that the council be instructed to invest the surplus funds of this society now held as a time deposit in Liberty bonds. Motion carried.

Dr. E. M. Amos read a paper on "Another Plea for Early Diagnosis in Tuberculosis." No abstract.

Dr. Murray Hadley read on "Acute Bone Infections."

The organism found in the acute nontuberculous bone is the *Staphylococcus aureus*—and it is a blood-borne infection. The condition is a complication of an already existing blood-stream infection, and usually occurs in children between the ages of 6 and 12 who have had some debilitating illness.

The part of the long bone in which the infection begins is the spongy cancellous tissue at the ends of the bone. From this point the infection may find its way either directly to the surface of the bone, where a subperiosteal abscess is formed and a certain amount of damage done to the periosteum. Or the infection may find its way into the medullary cavity where it spreads up the canal and finally through an haversian canal through the hard cortex of the shaft. Here the periosteum may again be ripped off the shaft and vitality of the bone affected both from the inside and outside.

Clinically these cases may be divided into the moderate and the severe. In the moderate cases the infection is confined to the spongy tissue at the end of the bone and the periosteum. These cases may be cured by simply incising the periosteum early and allowing free drainage, without any attack on the bone. A sinus will persist a good while, but it will eventually close and leave the bone in good shape.

The severe group is the one in which the medullary canal is involved and will require more radical treatment. The cortex must be trephined and the canal drained.

The roentgen ray will not assist in the early diagnosis of these cases. Operation must be done early if great damage to the bone is avoided.

In discussion Dr. Henry said tuberculosis was the most poorly diagnosed and poorly handled of all diseases. Ninety per cent. of patients presenting at the clinic of the Indianapolis Dispensary nine years ago had tuberculosis. Now only 60 per cent. have it. This, he said, vindicated the results of education on this subject. Poorer people know more about this subject than the wealthy. This is because doctors are not telling people about this disease.

The failure to diagnose is often the fault of the patient who does not present himself for examination. Too much attention is paid to a scientific diagnosis and not enough common sense being used by doctors.

Family history is invaluable in diagnosis and the microscope is a curse in most cases, as valuable time is lost waiting to see the tubercle show up in the sputum before a positive diagnosis is made.

Dr. McIntyre said one of the big questions of the day was the number of people infected with tuberculosis. The medical profession does not make the effort necessary to arrive at a diagnosis. A diagnosis can be made on the following history: Anemia, tired feeling and loss of weight along with evening temperature findings. Patients often will not submit to the examinations necessary to make a diagnosis, which is not difficult if we use the things we have at hand.

Dr. Gatch, in discussing Dr. Hadley's paper, reviewed the anatomy of long bones and showed the course of infections that may be found in them. He said osteomyelitis may be the most terrible of diseases or may be harmless. The causative factor is the staphylococcus aureus and this germ is of variable virulence. Treatment: Cut down into the abscess and explore the bone opening up all portions involved. Advocated more radical operation than what Dr. Hadley had exhibited. He reviewed a case he had had of a boy who had an osteomyelitis of the bones of the hand, foot and hip that recovered.

Meeting adjourned.

Attendance 44.

Washington Hotel, March 26, 1918

Meeting was called to order by the president, Dr. Norman E. Jobs. Minutes of the previous meeting were read and approved.

Dr. F. W. Foxworthy read a paper on "The Medical Treatment of Duodenal Ulcer with Special Reference to the Treatment of Hemorrhage."

Abstract: A review of the current literature from December, 1916, to the present, combined with the

experience of the author in gastro-intestinal work, shows that there are three classes, according to treatment. The first class, with the deep crater showing in the roentgenogram, is decidedly surgical. The second, with marked spasm of the pylorus, to be treated by antispasmodics, may be either medical or surgical, according to how it responds to treatment. The third and largest class, of simple, uncomplicated ulcer, is medical.

A report of one case of very serious hemorrhage, in which large doses of morphin sulphate and the use of horse serum intravenously were sufficient to keep the patient alive, and ultimately a good recovery was made.

A review of the various hemostatics used in cases of this character, and the method of use, with special attention to the diet after cessation of hemorrhage.

Experience has shown that the roentgen ray, in competent hands, is sufficient to give a diagnosis as to which is the best form of treatment.

Dr. Alburger, in discussion, said we do not hear enough of how to handle people in medical detail. Said there is room for more conservation in the treatment of duodenal ulcers rather than so much surgery.

One thing in the treatment of these ulcers that should always be borne in mind is the fact that if allowed to remain they are liable to become cancerous.

If the ulcer being treated is infected and the hemorrhage has been stopped an autogenous vaccine may help to repair the stomach wall. Ergot has no place as a hemostat in these ulcers.

Dr. MacDonald said the various agencies on the market to increase coagulability probably have something to do with checking the hemorrhage in these cases but was not sure that they had. Said he used them in absence of anything better. In order of importance he named as hemostatics morphin, horse serum and adrenalin. Said morphin is superior as it quiets peristalsis and the mental excitability of the patient. Did not approve of Dr. Foxworthy's method of stomach lavage.

Roentgen ray most helpful in diagnosis. Dr. MacDonald said he had abandoned rectal feeding in these cases and that he feeds through the hemorrhage. Has grown more to operate duodenal ulcers because of its potentiality.

Dr. Abbett said pituitrin in gastric or intestinal hemorrhage would produce the opposite effect from that desired. Might be of value in small doses.

Dr. Link said operation at the time of hemorrhage was not most successful. He said no cure was mentioned by the essayist. These patients have their ulcers for years and there are periods of quiet when the patient thinks himself well. If a man has such an ulcer it should be removed. Has no faith in the roentgen ray as a means of diagnosis.

Dr. Jaeger agreed with Dr. Link as to the unreliability of the roentgen ray. Said that while the kind of operation elected might differ, all cases should be operated. He thought that morphin was the best internal menostat but usually added nitroglycerin for the vasomotor effect. Alkaline cystitis following the giving of alkalis in these conditions was combated by cystogen.

Dr. McCormick said the roentgen ray helps in the diagnosis. Much depends upon the man making the plates. The lateral view is the most important one.

Dr. Foxworthy in closing, thanked the discussants. Attendance 38. Meeting adjourned.

Meeting of April 9—Hotel Washington

Meeting called to order by the president, Dr. Norman E. Jobes. Minutes of the previous meeting read and approved.

J. M. Ritchie read a paper on "A Case of Pancreatic Cyst Complicated by Gallstones and Glycosuria."

Dr. R. A. Solomon demonstrated two cases of Sporotrichosis and one case of Milroy's disease.

Sporotrichosis is an infectious, parasitic disease due to a mycelial fungus and characterized by multiple abscesses of the skin and subcutaneous structures. About ninety cases have been reported in the United States up to the present time, three of which have been reported from Indiana. Dr. Brayton's case in this city in 1899 was the second one reported in this country. Any traumatic lesion of the hand, forearm or leg which proves resistant to ordinary surgical treatment and is accompanied by the development of one or more sharply circumscribed, painless, cutaneous or subcutaneous abscesses of a cold sluggish nature along the course of the lymphatics draining the lesion without glandular enlargement or disturbance of general health should always arouse suspicion. The diagnosis can be easily confirmed by cultural methods. The disease responds readily to iodid treatment.

The following two cases are the first on record in which two members of the same family were affected with this disease: Mrs. S., aged 46, and her son, Everett, aged 18, farmers living in Switzerland County, Indiana, entered the hospital on February 23. There is a family history of cancer and tuberculosis. Six weeks ago Everett noticed a small, painless nodule on the middle finger of the left hand which enlarged, became reddish, opened spontaneously and discharged a yellowish pus. During the following weeks there occurred in succession a series of nodules extending from the initial lesion up the extremity to the midarm. Seventeen days after Everett's primary lesion, Mrs. S. noticed a small lump on her right index finger. She had been dressing her son's hand daily. This nodule behaved like the son's and was followed during the next five weeks by a chain of similar lesions extending from the index finger to the shoulder. There has been no pain or discomfort and no constitutional reaction.

The son is a healthy, muscular, young man, showing on the dorsal surface of the middle finger of the left hand a nodular, purplish-red infiltration with several openings. Extending up the dorsal surface of the forearm and arm along the course of the lymphatics are twelve additional lesions varying in size from a pea to a cherry. They are flattened, sharply circumscribed, painless and very superficial. Some are firm and of normal skin color, others soft and fluctuating, bluish in color with an irregular, crateriform opening, from which a gelatinous material escapes on pressure. They are painless; temperature and leukocyte count are normal. Wassermann and blood culture are negative. The mother is a healthy middle aged lady presenting on the radial side of the hand, forearm and arm a series of twenty-six lesions similar to those described in the son's case, extending from the initial lesion on the index finger to the most recent at the anterior axillary fold. Her temperature and leukocyte count are normal, Wassermann and blood culture negative. Direct smears

of the contents of the lesions are negative. A pure culture of the sporotrichum was grown from the same material in each case. The lesions cleared up rapidly under potassium iodid.

Milroy's disease or hereditary edema of the legs is a familial affection characterized by persistent edema of the lower extremities. Isolated cases are on record. There is an absence of all local and general causes of edema and the patient is usually in good health. The legs alone are involved. The edema may appear shortly after birth or at puberty or even adult life. Once established it is permanent. The swelling is painless, increases on standing and tends to become hard and brawny with slight hypertrophy of the tissues. The veins are not enlarged and there is no redness.

CASE REPORT

Miss S., aged 26, native of Ireland, has lived in Indiana for thirteen years. Had typhoid fever when 13 years old, but had good health for the following five years. In June, 1909, she awakened one morning to find her left ankle greatly swollen. The swelling slowly extended upward, involving the thigh after two months. Four years later the right leg became involved in the same way. Swelling has gradually progressed up to the present time. General health has never been impaired.

The patient is a ruddy girl, apparently in full health. The left lower extremity is greatly enlarged from the ankle to the hip, the leg being most involved, the foot only slightly. The skin is of normal color; there are no varicosities. There is some pitting on pressure. The tissues feel hard and brawny with evidence of slight hypertrophy. There is no tenderness or sensory disturbance. On remaining in bed the limb diminishes to almost normal size, but returns to its maximum in one hour on standing. The right leg shows the same condition to a less degree.

C. S. Sommers presented a paper on "Bactericidal Power of Soap and Iodin in Vitro."

The advisability of making the tests here mentioned was suggested by the statement in a recent medical journal of the use of soapy solutions as antiseptics in war surgery. By way of comparison reports on parallel tests with iodine are included.

The tests were all made in vitro, and consist in exposing for varying times organisms to varying strengths concentration of soap and iodine in dextrose broth, due care being taken to avoid accidental contamination.

In Series 1 a young culture of *Staphylococcus albus* was exposed for twelve hours to soap (ivory) and iodine (U. S. P. Tr.) in strengths varying from 10 per cent. to 0.2 per cent. The soap was found to be disinfectant in 0.4 per cent. and iodine in 1.6 per cent. (of Tr. 0.10 iodine) concentration. In Series 2 the same procedure was followed except that a culture from the vagina of a normal puerpera was used instead of staphylococcus. The iodine was disinfectant in the same strength as in No. 1, namely, 1.6 per cent. of the tincture, while seventeen times as concentrated soap solution was required. It is interesting that the vaginal bacterial flora showing the same resistance to iodine as staphylococcus should show so much greater resistance to the alkalinity of the soap when the normal reaction in the vagina is acid. In Series 3 the staphylococcus culture was exposed for twelve

hours to soap neutralized to litmus in concentrations varying from 10 per cent. to 0.2 per cent. It was not disinfectant in even 10 per cent., though one twenty-fifth of this concentration not neutralized was disinfectant. In Series 4 a staphylococcus culture was exposed to a 1 per cent. unneutralized soap solution for intervals varying from instantaneous to seven hours. This concentration required seven hours for disinfection. In Series 6 the procedure of No. 5 was carried out except that 0.5 per cent. soap was used and the time of exposure increased. Halving the concentration required almost double the time, namely, thirteen hours for disinfection. In Series 6 the staphylococcus culture was exposed to 14 per cent. of tincture of iodine (equivalent to 1 per cent. iodine and 0.8 per cent. potassium iodide) for intervals varying from instantaneous to forty minutes. Instantaneous exposure was found to be sufficient for sterilization. In Series 7 the staphylococcus culture was exposed to 5 per cent. soap for intervals varying from instantaneous to forty minutes. Soap in this concentration was disinfectant with instantaneous exposure.

The cleansing power of soap as applied to the skin depends on the following factors: (1) favoring of emulsification of oil and absorption of dirt by colloidal particles of soap in solution; (2) removal of cornified epithelium and bacteria they harbor by virtue of alkalinity (alkalies being protein solvents). The disinfecting power of soap seems to depend entirely on its alkalinity.

CONCLUSIONS

1. Neutral soap solutions have negligible disinfectant power.
2. Soap having alkalinity of commercial toilet soap (ivory) is an efficient disinfectant in vitro in 5 per cent. concentration and instantaneous exposure.
3. Iodine is an effective disinfectant in vitro with instantaneous exposure of 14 per cent. of U. S. P. Tr. representing 1 per cent. iodine and 0.8 per cent. potassium iodide.

Dr. Hadley, in discussion, called attention to Kuehlheir's law: If the gallbladder is enlarged with chronic jaundice the obstruction is outside the common duct—probably cancer of the head of the pancreas. If the gallbladder is contracted with chronic jaundice the trouble is within the gallbladder or common duct.

In discussing, Dr. Solomon's paper said the body defenses are nil in the presence of fungus affection. These conditions will not get well if left alone; rather the contrary. Potassium iodide is almost a specific in fungus infection.

As to Dr. Sommers' paper, he called attention to experiments made in test tube as being quite different from those found in actual surgery practice.

Dr. Moon said that generally speaking there was no specific medication for bacterial infection. On the other hand, diseases due to the higher forms, as yeast, etc., yield to specific remedies.

Dr. Pantzer spoke of a case he had fifteen or twenty years ago of gallstones in the common duct with pancreatic enlargement. Necropsy revealed a stone in the pancreatic duct which produced hardness in the pancreas. Said pancreatic inflammation is more frequent than is found.

Meeting adjourned.

Attendance 38.

A. L. MARSHALL, Secretary.

DUBOIS COUNTY

Meeting of the Dubois County Medical Society called to order March 19 at St. Anthony, with President E. A. Sturm in the chair. Owing to absence of the secretary, Dr. W. F. Rust, minutes of last meeting were dispensed with, and Dr. O. A. Bigham was appointed to act as secretary.

Dr. W. D. Bretz of Huntingburg, who was to present a paper on "Shock," was unable to be there, so his paper was held over for the next meeting.

The Society voted to pay the State Association dues of its members who are in military service. Resolutions were passed asking the state senator and representative to oppose legislation licensing the chiropractors.

Several interesting cases were reported and discussed.

Adjourned to meet at Huntingburg April 16.

O. A. BIGHAM, Acting Secretary.

JASPER-NEWTON COUNTY

Met March 29 with Dr. E. E. Besser at Remington.

Society decided to pay state and local society dues of all members who are in the Army services.

The legislative situation was discussed, and it was decided to present the name of one of our members, Dr. G. H. Vankirk of Kentland as a candidate for representative on the Republican ticket, subject to the decision of voters at the coming primary. Dr. Vankirk has a host of friends in the three counties that compose this district, and will make a strong race.

Papers presented: "Diagnosis and Treatment of Wounds of Thorax," by Dr. I. M. Washburn. He discussed especially fractures of ribs and gun-shot wounds. Urged a more definite diagnosis by use of roentgen ray, and in strapping the chest to follow the course of the ribs. Bullet wounds, treatment expectantly, never probe. Where infected free incision and thorough drainage.

"Symptoms, Diagnosis and Treatment of Empyema," by Dr. E. E. Besser. In acute cases he would drain; chronic cases, pack the pocket with gauze saturated with barium; roentgen ray to show the lowest point; then do a Shade-Fowler operation.

O. E. GLICK, Secretary.

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

DICHLORAMINE-T (MONSANTO).—A brand of dichloramine-T complying with the standards of New and Nonofficial Remedies. For a description of the actions, uses, dosage and chemical and physical properties see New and Nonofficial Remedies, 1918, p. 157. Monsanto Chemical Works, St. Louis (*Jour. A. M. A.*, April 6, 1918, p. 999).

NORMAL HORSE SERUM.—Marketed in syringes each containing 10 Cc.; also in ampules containing from 10 to 100 Cc. as ordered. Gilliland Laboratories, Ambler, Pa.

GILLILAND'S CONCENTRATED AND REFINED DIPHTHERIA ANTITOXIN.—Marketed in syringes containing each 1,000, 3,000, 5,000, 7,500, 10,000, 15,000 and 20,000 units. Gilliland Laboratories, Ambler, Pa.

GILLILAND'S CONCENTRATED AND REFINED TETANUS ANTITOXIN.—Marketed in syringes containing each 1,500, 3,000 and 5,000 units. Gilliland Laboratories, Ambler, Pa. (*Jour. A. M. A.*, April 20, 1918, p. 1159).

TYPHOID VACCINE.—Marketed in packages containing three syringes, the first containing 500 million killed typhoid bacilli and the second and third containing each 1,000 million killed typhoid bacilli; in packages containing three ampules, the first containing 500 million killed typhoid bacilli, and the second and third containing each 1,000 million killed typhoid bacilli; also in ampules containing from 5 to 100 Cc. of the vaccine as ordered. Gilliland Laboratories, Ambler, Pa.

SMALLPOX VACCINE.—Marketed in sealed capillary tubes, in packages containing one, five and ten tubes each. Gilliland Laboratories, Ambler, Pa.

ORIGINAL TUBERCULIN, "O. T."—Marketed in 1 Cc. vials. Gilliland Laboratories, Ambler, Pa.

TUBERCULIN OINTMENT IN CAPSULES (for the Moro Percutaneous Diagnostic Test).—An ointment consisting of tuberculin "Old" and anhydrous wool fat, equal parts. Marketed in capsules sufficient for one test. Gilliland Laboratories, Ambler, Pa.

BOUILLON FILTRATE TUBERCULIN, "B. F."—Marketed in 1 Cc. and 3 Cc. vials. Gilliland Laboratories, Ambler, Pa.

BACILLEN EMULSION TUBERCULIN, "B. E."—Marketed in 1 Cc. and 3 Cc. vials. Gilliland Laboratories, Ambler, Pa.

TUBERCULIN RESIDUE, "T. R."—Marketed in 1 Cc. and 3 Cc. vials. Gilliland Laboratories, Ambler, Pa.

TUBERCULIN FOR THE DETRE DIFFERENTIAL DIAGNOSTIC TEST.—Consisting of one tube each of Original Tuberculin "O. T.," Bouillon Filtrate Tuberculin "B. F.," human, and Bouillon Filtrate Tuberculin "B. F.," bovine. Gilliland Laboratories, Ambler, Pa.

CRESOL-MERCK.—A brand of cresol, U. S. P. Merck and Co., New York.

GUAIACOL CARBONATE-MERCK.—A brand of guaiacol carbonate, U. S. P. Merck and Co., New York.

QUININE DIHYDROCHLORIDE-MERCK.—A brand of quinine dihydrochloride, U. S. P. Merck and Co., New York.

QUININE AND UREA HYDROCHLORIDE-MERCK.—A brand of quinine and urea hydrochloride, U. S. P. Merck and Co., New York.

THYMOL IODIDE-MERCK.—A brand of thymol iodide, U. S. P. Merck and Co., New York (*Jour. A. M. A.*, April 27, 1918, p. 1225).

PROPAGANDA FOR REFORM

SOME NOSTRUMS.—Continuing its policy of giving the public the facts in regard to worthless, injurious or misleadingly advertised nostrums, the Louisiana State Board of Health has analyzed the following "patent medicines": Dermillo, a skin and complexion nostrum composed of zinc oxid, calcium carbonate, starch and salicylic acid in water, colored and perfumed.—Wendell's Ambition Pills, a "great nerve tonic," containing strychnin, ferric oxid, pepper, cinnamon and ginger, and probably a little aloes.—Orchard White, a toilet preparation to be mixed with lemon juice, reported to be a mucilage containing bismuth citrate, boric acid, alcohol and gum tragacanth.—Excelento Quinine Pomade, a hair preparation found to consist chiefly of petrolatum, some liquid petrolatum, a trace of oil of gaultheria, sulphur,

and among other things, a trace of quinin.—Sloan's Liniment, which appeared to be composed essentially of oil of turpentine, oil of camphor, oil of sassafras and capsicum.—Vick's Vap-O-Rub, which appeared to be a mixture of petrolatum with camphor, menthol and oil of thyme, eucalyptus and turpentine.—La Creole Hair Dressing, a perfumed solution containing lead acetate, sulphur and glycerin, alcohol and water.—Prescription A 2851 for Rheumatism, formerly said to have been known as Eimer and Amend's Rheumatic Remedy, which appeared to be a sherry wine containing 7.5 per cent. potassium iodid (*Jour. A. M. A.*, April 6, 1918, p. 1024).

GUAIODINE.—Examination of Guaiodine, a preparation of the Intravenous Products Co., Denver, in the A. M. A. Chemical Laboratory shows that, instead of containing free "colloidal" iodine as claimed, the preparation is essentially an iodated fatty oil, containing only combined iodine. The referee of the Committee on Pharmacology reported to the Council on Pharmacy and Chemistry that equally misleading, in view of the Laboratory's findings, are the implied claims that the antiseptic action of Guaiodine corresponds to that of free iodine. Guaiodine is advertised chiefly for the treatment of gonorrhea by means of obviously false claims. The Council declared Guaiodine inadmissible to New and Nonofficial Remedies because of false statements as to composition and action (*Jour. A. M. A.*, April 6, 1918, p. 1026).

NEOARSPHENAMINE.—The Federal Trade Commission has granted an importing license to the Diarsenol Company, Inc., 475 Ellicott Square, Buffalo, for neo-diarsenol, the Canadian brand of neoarsphenamine. Licenses to manufacture neoarsphenamine have also been issued to the Takamine Laboratories, New York, to the Farbwerke-Hoechst Co., New York, and to the Dermatological Research Laboratories, Philadelphia. The safest and most effective products, provided one has mastered the technique, are the arsphenamines—not the neoarsphenamines (*Jour. A. M. A.*, April 6, 1918, p. 1027).

AMERICAN-MADE ACETYSALICYLIC ACID.—At the request of the Council on Pharmacy and Chemistry an examination of the market supply of American-made acetylsalicylic acid has been made in the A. M. A. Chemical Laboratory by P. N. Leech. The investigation shows that there are on the American market, made by American firms, several brands of acetylsalicylic acid that are just as good as, if not better than, the widely advertised Aspirin-Bayer. About a year ago the Council on Pharmacy and Chemistry deleted Aspirin-Bayer from New and Nonofficial Remedies. Since the Bayer aspirin patent expired in February, 1917, thereby making it possible for manufacturers legally to produce and sell acetylsalicylic acid in the United States, the Council established standards for the quality of this unofficial drug. As a result, the following products have been found to meet these requirements and are included in New and Nonofficial Remedies: Aspirin-L and F., Acetylsalicylic Acid-Squibb, Acetylsalicylic Acid-Merck, Acetylsalicylic Acid-Milliken, Acetylsalicylic Acid-M. C. W., Acetylsalicylic Acid-Monsanto and Acetylsalicylic Acid-P. W. R. (*Jour. A. M. A.*, April 13, 1918, p. 1097).

UNDULY TOXIC ARSPHENAMIN.—In view of the reports in current medical literature of untoward results from the use of arsphenamin and neoarsphenamin, Dr. G. W. McCoy, Director of the U. S. Hygienic Laboratory, Washington, D. C., requests that samples of any lot of these arsenicals which have shown undue toxicity be forwarded to the Hygienic Laboratory for examination (*Jour. A. M. A.*, April 13, 1918, p. 1110).

HALL'S CATARRH CURE.—Another victim fails to get the hundred dollars offered in cases in which this preparation failed to effect a cure. The promoters informed its victim that before paying the guarantee,

he would have to prove that his case was one of simple catarrh not complicated by any other disease and that he had taken sufficient of the cure (*Jour. A. M. A.*, April 13, 1918, p. 1113).

ANTIPNEUMOCOCCUS VACCINE.—The work by Lister in the diamond mines of Kimberley, South Africa, gives promise of a successful method of inoculation against lobar pneumonia. Lister finds that the pneumonia prevalent among the workers in the diamond mines is due mainly to three groups of pneumococci, and that inoculation with a vaccine made from the three groups prevents the occurrence of pneumonia as caused by members of these groups (*Jour. A. M. A.*, April 20, 1918, p. 1163).

MISBRANDED NOSTRUMS.—The following are some "patent medicines" which the federal authorities held to be sold under false claims: Ascatco, containing 13 per cent. alcohol and some opium.—Mexican Oil, containing over 57 per cent. alcohol, together with essential oils, glycerin, red pepper, emodin, menthol and a small amount of opium alkaloids.—Persil, containing 40 per cent. alcohol. Though claimed to contain, in addition, asparagus, parsley, celery, buchu, and juniper berries, it contained no appreciable quantities of celery, buchu, juniper, asparagus or parsley.—Dr. Kennedy's Favorite Remedy, containing 18 per cent. alcohol, nearly 50 per cent. sugar, and over 4 per cent. potassium acetate, with methyl salicylate, aloes, licorice and oil of sassafras.—Our Standard Remedy, tablets containing rhubarb, senna, scoparius, licorice, red pepper and some ammonia compound with indications of aloes.—Dr. King's Throat and Lung Balsam, claimed to relieve coughs and colds and consumptive patients in the last stages of the disease.—"White Pine Expectorant" and "White Pine Balsam" (Allan-Pfeiffer Chemical Co.), a syrup containing alkaloid (probably morphin), chloroform, alcohol, benzoic acid and plant extract, but no extract or tar of white pine.—California Tuna Tonic Tablets, pills containing iron carbonate and a small quantity of nux vomica alkaloids (strychnin, etc.).—Alorine Antiseptic Suppository, containing quinin sulphate, boric acid and tannic acid.—St. Joseph's Quick Relief, containing 32 per cent. alcohol with Peru balsam, camphor and red pepper.—"Andrews' Wine of Life Root or Female Regulator," containing over 14 per cent. alcohol, sugar, methyl salicylate and tannin. "Andrews' Wine of Life Root Annex Powders," composed of sodium chloride and sodium bicarbonate, with a small amount of sodium carbonate.—Clark Stanley's Snake Oil Liniment, a light mineral oil mixed with about 1 per cent. of fatty oil, red pepper and possibly a trace of camphor and turpentine (*Jour. A. M. A.*, April 20, 1918, p. 1183).

NEUROSINE AND THE ORIGINAL PACKAGE EVIL.—Neurosine advertisements ask that only original bottles of Neurosine be dispensed when physicians prescribe the nostrum. The reason is obvious: the bottle has the name blown in the glass and thus is an invitation to the patient to purchase more on his own initiative and also to recommend the preparation to his friends. The danger to the public from the self-administration of mixtures of bromides, such as Neurosine, is obvious. Neurosine is said to contain potassium bromid, sodium bromid, ammonium bromid, zinc bromid, extract of lupulin, fluidextract cascara sagrada, extract of henbane, extract of belladonna, extract of cannabis indica, oil of bitter almond and aromatic elixir. This chemical blunderbuss has been advertised for use in insomnia, hysteria, neurasthenia, migraine, etc. It has also been recommended for children suffering from chorea. In all the years that Neurosine has been exploited to physicians with such remarkable claims, we have never seen a report of a careful clinical study in which the product has been used under the conditions which scientific investigation demands (*Jour. A. M. A.*, April 27, 1918, p. 1251).

THE TOXICITY OF ARSPHENAMIN (SALVARSAN).—James C. Sargent, Milwaukee, Wis., and J. D. Willis, Roanoke, Va., report untoward effects from the intravenous administration of American-made salvarsan (arsphenamin). Such experiences are not unusual, but should be reported. Untoward results followed the use of the German salvarsan. Such reactions may be due to faulty preparation, to deterioration of certain ampules of a batch, to idiosyncrasy of the patient or to faulty technic or preparation or injection. There is no reason to believe that the arsphe-
namin made in this country is more toxic or less satisfactory than that formerly imported from abroad (*Jour. A. M. A.*, April 27, 1918, p. 1254).

CAMPETRODIN AND CAMPETRODIN NO. 2

Report of the Council on Pharmacy and Chemistry

The following report on Campetrodin and Campetrodin No. 2 has been adopted by the Council and its publication authorized.

W. A. PUCKNER, Secretary.

The following report of the A. M. A. Chemical Laboratory on "Campetrodin" and "Campetrodin No. 2," sold by the A. H. Robins Company, Richmond, Va., was submitted to the Council by a referee of the Committee on Pharmacology:

Campetrodin and Campetrodin No. 2, Double Strength, are called "ethical medicinal specialties" by the A. H. Robins Company, Richmond, Va., which sells them. An advertisement in the *Maryland Medical Journal* (December, 1917) contains the following claim for composition:

"CAMPETRODIN (Made in Two Strengths of Iodine). This preparation is an Oleaginous Solution of Iodine in Camphor."

A booklet describing the "specialties" of the Robins Company contains the following in reference to Campetrodin: "Composition: Camphor, Iodine Element, Oleaginous Solvent." From this it appears that the preparations are claimed to contain elementary (free) iodine in an "oleaginous solvent." Since free iodine, as is well known, readily combines with fats, it was decided to determine the form in which the iodine was present in these preparations. The examination demonstrated that both preparations contained but a trace of free iodine. On steam distillation there was obtained from both preparations a distillate amounting to about 35 per cent. by volume which had an odor strongly suggestive of turpentine, while the residue contained the iodine and had the characteristics of an iodized fatty oil.

Quantitative determinations indicated that Campetrodin contained approximately 0.03 per cent. of free iodine and 1.3 per cent. of iodine in combination with the fatty oil. Campetrodin No. 2, Double Strength, contained approximately 0.03 per cent. free iodine and 2 per cent. of iodine in combination with the fatty oil.

Thus, contrary to the published statements, Campetrodin is *not* a preparation of free (elementary) iodine and Campetrodin No. 2, Double Strength, does *not* contain twice as much iodine as Campetrodin.

The report of the Chemical Laboratory shows that the statements made in regard to the composition of Campetrodin and Campetrodin No. 2 are incomplete in some respects and false in others. In view of the Laboratory's findings it appears superfluous to inquire into the therapeutic claims made for the preparations. It is evident, however, that a solution containing practically no free iodine is not, as claimed by the Robins Company, "adapted for use wherever . . . iodine is indicated externally. . . ."

It is recommended that Campetrodin and Campetrodin No. 2 be declared inadmissible to New and Nonofficial Remedies because of false statements as to chemical composition and therapeutic action, constituting conflicts with Rules 1 and 6.

The Council adopted the recommendation of the referee and authorized publication of this report.

BOOK REVIEWS

THE MEDICAL CLINICS OF NORTH AMERICA. Vol. 1, No. 4, January, 1918. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London.

This is the Boston Number. In it are contained a number of clinics by some of the most prominent and some of the less prominent internists of Boston. Quite a variety of clinical material is presented, and it all is presented in a very interesting manner. In the 400 pages comprising this volume the physician interested in general internal medicine can find a veritable mine of really valuable information. He who reads and studies these clinics as they appear helps himself considerably to keep abreast of the times.

THE SURGICAL CLINICS OF CHICAGO. Vol. 2, No. 1, February, 1918. With 75 illustrations. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London.

The contents of this number include a very interesting array of surgical clinics. They all are so interesting that it would be no easy matter to say which are of the utmost interest. Kellogg Speed's "Gunshots of the Head," Watkins' "Radium in Gynecology," Halstead's "Meningeal Cysts," Andrews and Mix's "Case of Duodenal Ulcer," bring out many important points with reference to the surgery of these respective conditions. But, as already pointed out, all the clinics in this volume are of unusual interest, and he will be very well repaid who will spend the time in studying them.

A CLINICAL TREATISE ON DISEASES OF THE HEART. For the General Practitioner. By Edward E. Cornwall, Ph.B., M.D., Attending Physician Williamsburgh and Norwegian Hospitals; Consulting Physician, Bethany Deaconesses Hospital; Formerly Professor of Medicine, Brooklyn Post-Graduate Medical School, etc. Cloth, \$1.50. New York. The Rebman Company, 1917.

In spite of the author's claim that this book is not "a digest or compendium," it is more of that than anything else. The author admits that he offers nothing "that is new or original" except the manner of presentation of the subject matter. It is difficult to find any reason for the publication of a book such as this, other than the gratification of the author's desire.

On one page he refers to the "practioner," and on the next he calls the latter "practitioner." In the preface we find the word "offered." One is surprised to see errors of that kind in a book published by the house of Rebman.

AMERICAN ADDRESSES ON WAR SURGERY. By Sir Berkeley Moynihan, C.B., Temporary Colonel, A.M.S., Consulting Surgeon, Northern Command. 12mo of 143 pages. Cloth, \$1.75 net. Philadelphia and London, W. B. Saunders Company, 1917.

These are called "American Addresses" because they were delivered in this country. They represent not only the views of the authors but also those of others. The addresses included in this volume are on the following subjects: the causes of the war; gunshot wounds and their treatment; wounds of the knee-joint; on injuries of the peripheral nerves and their treatment; and gunshot wounds of the lungs and pleura.

It is a very appropriate book at this time, and coming as it does from the pen of one so well known internationally as this author, it ought to and without doubt will enjoy a great and wide popularity in this country.

LONG HEADS AND ROUND HEADS, or What's the Matter with Germany. By William S. Sadler, M.D., Professor at the Postgraduate Medical School of Chicago; Director of the Chicago Therapeutic Institute; Fellow of the American Medical Association; Member of the American Association for the Advancement of Science, the American Public Health Association, etc.; Author of "The Science of Living," "The Cause and Cure of Colds," "The Physiology of Faith and Fear," "Worry and Nervousness," "The Mother and Her Child," etc. Illustrated. Price, \$1.00. Chicago, A. C. McClurg and Company, 1918.

This is a forceful indictment of the German people for their war-mad and atrocious conduct, and gives the reasons for the same. The author traces the underlying causes of the present world war to racial differences and to the educational system prevailing in Germany which for many years has taught the people and their descendants that Germany is superior in everything and destined to rule the world; and that to accomplish this end any means, no matter how unjust or brutal, are justified. In proof of the argument, liberal quotations of the most startling character from prominent German writers are incorporated. The author concludes with the statement that Germany is a menace to everything pertaining to civilization, and especially to American security, and he closes with twenty-five reasons why we must win the war.

PROGRESSIVE MEDICINE. Vol. XXI, No. 1, March, 1918. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College. Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College. Paper, \$6.00 per annum. Lea & Febiger, Philadelphia and New York.

The first review is that of surgery of the head, neck and breast, by Charles H. Frazier. A great deal of his material is devoted to war surgery and is, therefore, of unusual interest at this time.

Surgery of the thorax, excluding diseases of the breast, is reviewed again by George P. Müller. His contribution is essentially war surgery of the chest, and also is of unusual interest at present.

A total of 115 pages is taken up by Rührhäh in his review of the infectious diseases, including acute rheumatism, croupous pneumonia, and influenza. In this review the physician can find a great deal of real interest and value.

Crandall's review of diseases of children, though brief, comprising only thirty pages, goes over this special branch quite thoroughly and completely.

The concluding review is by George M. Coates on rhinology, laryngology and otology. Military otolaryngology has been given special attention in his contribution.

LOCOMOTOR ATAXIA (TABES DORSALIS). An Introduction to the Study and Treatment of Nervous Diseases, for Students and Practitioners. By William J. M. A. Maloney, M.D. (Edin.), Fellow of the Royal Society of Edinburgh; Fellow of the New York Academy of Medicine; Fellow of the New York Neurological Society; Neurologist to the Central and Neurological Hospital; Formerly Professor of Neurology, Fordham University, New York. Illustrated. Cloth, \$3.50. D. Appleton and Company, New York and London, 1918.

If there really is a need for a monograph on locomotor ataxia this new book ought to fill such a need.

The author has correlated the essence of our knowledge on this subject and presents in this work the crux of what is known at present concerning the anatomy, physiology, pathology, and psychology of tabes. He has planned to make this correlation "solely with a view to treatment," so that he gives quite fully all the various therapeutic procedures that have been found helpful in the management of this disease. Nothing distinctly new or original is brought out here except the author's method of treating locomotor ataxia which, he says, he has advocated since 1912.

It may be questioned, however, whether a book on this subject is really necessary. In every good, modern textbook on medicine and on diseases of the nervous system can be found a presentation of locomotor ataxia that is in every respect adequate for the needs of students and practitioners. Our knowledge of tabes is hardly so vast as to require a special monograph of about 300 pages for a complete presentation of the subject.

DISEASES OF THE SKIN. Their Pathology and Treatment. By Milton B. Hartzell, A.M., M.D., LL.D., Professor of Dermatology in the University of Pennsylvania. With 51 colored plates and 242 cuts in the text. Cloth, \$7.00. J. B. Lippincott Company, Philadelphia and London, 1917.

The author states that this text is based very largely on his own experience as teacher and worker in this branch of medicine for more than twenty-five years. Surely such a rich and abundant experience as he has enjoyed in that length of time should qualify him as an authority in his specialty. Standard works of other authors have been made use of liberally as was deemed necessary, thus making this new book a very broad work from every standpoint.

Considerable emphasis has been laid on the etiology and pathology of skin diseases. The more the general practitioner can be instructed in these aspects of the subject the more successful will an author of such a work be in the presentation of his work.

Every effort has been made to present the subject of treatment of diseases of the skin in so thorough and complete a manner as the present state of our knowledge permits. The whole subject is given in a concise and clear-cut style, so that it can be followed very easily by any medical student or physician.

The large number of splendid illustrations adds tremendously to the value of this new text. Both the author and publishers deserve unstinted commendation for their success in that direction. This new work is worthy to be ranked among the very best books on dermatology to be had at present.

IMPOTENCE AND STERILITY. With Aberrations of the Sexual Function and Sex Gland Implantation. By G. Frank Lydston, M.D., D.C.L., Formerly Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Medical Department of the State University of Illinois, etc. Cloth, \$4.00. Sold by subscription only. The Riverton Press, Chicago, 1917.

The work this author has been and is doing in investigating sexual aberrations and the effects of sex-gland implantation has been attracting the attention of many groups, if not all, of the medical profession. He has taken the opportunity of embodying in this volume his hormone theory of abnormalities of the sexual development and function and the experimental

data he has obtained in his extensive researches in the special field of sex-gland implantation.

Although it must be admitted that much of the material he presents is much the same as that found in practically all other books dealing with sexual abnormalities or perversions, he brings out in this monograph some original ideas and a great deal of original work. This original work is of the utmost interest, indeed. The author shows in a striking and convincing manner the possibilities of sex-gland implantation, when properly done. Such work is not only of the greatest interest and importance but it ought to be a stimulus in encouraging further research along this line.

This work is so different from other books on this subject that it cannot be compared with any other. It is really in a class by itself. The forcefulness and enthusiasm of the author are quite evident all through the work. Those who are interested enough to read and study a work of this kind will be well rewarded for their time and effort.

ASTHMA. Presenting an Exposition of the Nonpassive Expiration Theory. By Orville Brown, A.B., M.D., Ph.D. Formerly Assistant Professor of Medicine St. Louis University. With a Foreword by George Dock, Sc.D., M.D., Professor of Medicine, Washington University Medical School, St. Louis. Thirty-six engravings. Cloth, \$4.00. St. Louis, C. V. Mosby Company, 1917.

The author's purpose in presenting this work was to advance therein his "nonpassive expiration theory" of asthma. He says that he has devoted nine years to the study of asthma, and that this is the culmination of his work up to the time this book appeared.

It is very doubtful if a monograph of the size of this book—some 300 pages—was really needed for a concise presentation of this theory. It could have been accomplished more effectively other than in book form. The result is that in order to fill in space the author has had to take up the consideration of asthma further than the mere elucidation of his theory. For instance, just about one fourth of this work is devoted to "historical observations and theories." An historical review as extensive as that is commendable, indeed, but it is not the sort of material expected or desired in a work intended to be essentially clinical.

The author's theory of the nature of asthma is original, but scarcely more than that can be said in favor of it. As a result of the researches accumulated recently it seems to be quite definitely established that bronchial asthma is of two types, anaphylactic or due to proteins and nonanaphylactic or not due to proteins, but due to bacteria. Had the author devoted more of his efforts toward discussing the subject of asthma from these two broad aspects, his work would have had more real merit and would have been of much more interest to the general profession than that presented in this book. Although only one year has elapsed since this book first appeared it is already much more than that "behind the times."

ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR 1917. Cloth. Price, postpaid, 50 cents. Pp. 169. Chicago: American Medical Association, 1918.

This volume contains the reports of the Council which were adopted and authorized for publication during 1917. It includes reports of the Council previously published in *The Journal of the American Medical Association* and also reports which, because

of their highly technical character or of their lesser importance, were not published in *The Journal*.

In this volume the Council discusses the articles which were examined and found to be in conflict with the rules for admission to New and Nonofficial Remedies. Among these reports are discussions of such widely advertised proprietaries as Corpora Lutea (Soluble Extract), Wheeler's Tissue Phosphates, the Russell Emulsion and the Russell Prepared Green Bone, Trimethol, Eskay's Neuro Phosphates, K-Y Lubricating Jelly, Ziratol, Hepatico Tablets, Hemo-Therapin, Venosal, Surgodine and Kalak Water. A report on Iodeol and Iodagol covers fifty-one pages and illustrates the exhaustive investigation which the Council is often obliged to make of proprietary articles. Similarly illustrative of the Council's thoroughness is the clinical study of Biniodol, a solution of mercuric iodid in oil, and the investigation of Secretin-Beveridge, made for the Council by the physiologist, Professor Carlson, of the University of Chicago. The volume also contains reports which explain why certain preparations, such as Alcresta Ipecac tablets, the German-made biologic products and antistaphylococcus serum, which were described in the last edition of New and Nonofficial Remedies, are not contained in the current 1918 edition. Those who wish to be informed in regard to proprietary remedies should have both the annual Council Reports and New and Nonofficial Remedies.

NEW AND NONOFFICIAL REMEDIES, 1918, containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on Jan. 1, 1918. Cloth. Price, postpaid, \$1. Pp. 452 + 26. Chicago: American Medical Association, 1918.

This annual should be in the office of every physician. It lists and describes all those proprietary remedies which the Council on Pharmacy and Chemistry has examined and found worthy of the confidence of the medical profession; that is, articles the composition of which is disclosed, which are exploited truthfully and which give promise of some probable therapeutic value. The description of each article aims to furnish a statement of its therapeutic value and uses, its dosage and method of administration as well as tests for the determination of its identity and quality. Articles of similar composition are grouped together and in most cases each group is accompanied by a general article which compares the members of a group with each other and with the established drugs which they are intended to replace. The description of the individual articles and the general discussions are written by experts and furnish information of a trustworthiness unsurpassed by any other publication. The book is especially valuable to the busy physician who desires a concise and up-to-date discussion of such subjects as digitalis therapy, the newer solutions for wound sterilizations, iron therapy, food for diabetics, the value of sour milk therapy and of the Bulgarian bacillus, the use of radium externally and internally, of arsphenamine (salvarsan, arsenobenzol, diarsenol) and neoarsphenamine (neosalvarsan, neo-diarsenol), of local anesthetics, and other advances in therapeutics.

In addition to this annual issue of the book, supplements are sent from time to time to purchasers. With this volume for ready reference, the physician will be able to determine which of the proprietary remedies that are brought to his notice deserve seri-



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POSTGRADUATE MEDICINE. Prevention and Treatment of Disease. By Augustus Caillé, M.D., F.A.C.P. Emeritus Professor of Medicine and Consultant to Department of Pediatrics, New York Post-Graduate Medical School and Hospital; Visiting Physician to the German Hospital; Consulting Physician to Isabella Home and Hospital and Sea Cliff Convalescent Home, etc. Profusely illustrated. New York and London. D. Appleton and Company. 1918.

On the whole this is an excellent work and we feel disposed to recommend it highly as a work of reference for every busy practitioner. No book ever is considered perfect, and criticism varies, depending on the varying opinions of the readers, and so it will be with this book for, as the author well says, "the bedside management of so-called internal derangements is an art, the portrayal and execution of which is never quite uniform because of the difference in the viewpoint and methods of physicians." However, the fact that this work by an able clinician is based on an experience of forty years in public and private practice and of thirty years in graduate or post-graduate teaching, and embraces practically all of the modern methods of disease management of proven therapeutic value, is quite sufficient to give it a standing that commands the approbation of the medical profession.

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The whole arrangement of the book is with the idea of enhancing its practical value, and it has been rightfully termed a work on Postgraduate Medicine, dealing with the Prevention and Treatment of Disease.

The author not only has adhered to the customary division of the subject into digestive, cardiovascular and blood diseases, disorders of the lymphatic, respiratory, genito-urinary and nervous systems, infective fevers, faulty metabolism, faulty internal secretions and locomotor disturbances, but has added a section on nonbacterial parasitic diseases, one on minor ailments, one on emergencies, drug addictions, poisons and antidotes, and ends with one on bedside and office technic. Numerous illustrations, many of which are original and all of which are well selected, and a very carefully prepared index add to the completeness of the work.

A point worthy of note is the fact that the author has avoided reference to methods of treatment or procedures that may have been more or less popular among certain members of the medical profession but the value of which is questionable, and the care exercised in the avoidance of recommendations of measures that are now on trial and the ultimate value of which must be determined through more extended use.

To enumerate all of the many excellent features and comment on them would require an extended review that is entirely uncalled for, and we can best sum up our opinion by saying that the work is well written, comprehensive and practical; it embraces a knowledge of what to do and how to do it, and no practitioner of medicine who secures the work will find anything but pleasure and profit in having it as a part of his working armamentarium.

THYROID AND THYMUS. By Andre Crotti, M.D., F.A.C.S., LL.D., formerly Professor of Clinical Surgery and Associate Professor of Anatomy at Ohio State University College of Medicine; Member of the American Medical Association, Ohio State Medical Association, Columbus Academy of Medicine, American Association of Obstetricians and Gynecologists, Society for the Study of Internal Secretions, Honorary Member of the West Virginia State Medical Society, Surgeon to Grant and Children's Hospitals, Columbus, Ohio. With 96 illustrations and 33 plates in colors. Lea & Febiger, Philadelphia and New York, 1918.

One who reads this book will be quite ready to believe, as the author tells in the preface, that it is the result "of seventeen years' experience in goiter, pathology and surgery," and he will be equally ready either to question the author's judgment when he says that Marcel Guelin's "anatomical drawings are the most beautiful and artistic I have ever seen," or to conclude that his observation has been limited. No one can read the work without being entertained and enlightened, and many who read it will be amused, while not a few will be irritated; for it contains a large fund of information on the various phases of the subjects of which it treats, but this information is presented at times in such bizarre English as to be amusing and at times in such bad English as to be irritating. One is impressed on reading the book that it is written by one who probably has considerable knowledge of several languages but is decidedly lacking in the one in which he is endeavoring to express himself.

Further sources of irritation are the lack of care, leading to glaring inaccuracies, in the computation of

the statistical tables, and the practically total lack of references.

To the reviewer one of the most interesting chapters is that on Etiology, to the discussion of which the author devotes 131 pages. After discussing the various theories the author concludes that Graves' disease "is a thyo-neuro polyglandular disease," "a form of toxic thyroiditis" and that the immediate cause is "hyperfunction of the thyroid" although the remote causes are "indeed numerous and diverse," and finally that there is a "great deal of evidence showing that besides hyperthyroidism we have dysthyroidism." Perhaps the majority of those who read the work, and especially the operators, will be most interested in the chapters on the "Treatment of Graves' disease," which gives a very comprehensive review of the subject and one which is quite fair to both the medical and the surgical sides. The comparative results of medical and surgical treatment can best be arrived at in the author's opinion, by statistics. He, therefore, quotes extensively from the published results achieved by both methods and concludes that the medical statistics are "utterly insufficient" and that "the little there is of these does not well stand comparison with surgical statistics." The belief is expressed, however, that some day a "specific agent" will be found.

Referring to the progressive improvement in the surgical death rate the author asserts that this is not so much due to the improvement in technic as to a "more judicious selection of cases and a better comprehension of the indications for operation in each given case." The implication might be made from this statement that a surgeon would be warranted in refusing to operate desperate cases for the sole purpose of keeping his death rate low. Of course, the author did not intend to teach any such monstrous doctrine, but in view of the fact that surgeons have been accused, and not without warrant, of refusing surgical aid to patients, for fear of increasing their operating mortality rate, when surgery offered them their only hope, he should make himself clear on this point.

The author's method of indirect transfusion appeals to the reviewer because of its simplicity, and it will no doubt be quite generally adopted when its safety is thoroughly demonstrated.

A chapter of about thirty pages, including the illustrations, devoted to a consideration of the thymus closes the book. Concerning the Treatment of Thymic Hyperplasia Complicating Graves' Disease the author says, "It is a serious complication which occurs not only in Graves' disease, but in simple goiter also. It is liable to kill the patient either by choking him, or by causing a thymic intoxication leading to hyperthyroidism, hyperthymism, and possibly to acidosis. What shall we do then? Simply remove the thymus. Simply combine thymectomy with thyroidectomy. And that is just what I have been doing in the past few years in every goiter case that has come my way. In every case as soon as thyroidectomy is terminated, I explore systematically the mediastinum and whenever thymus is found, it is removed. In so doing, not only the remote results are better, but the postoperative course is also far more satisfactory."

The publisher's work is above criticism. This book is potentially a classic and the writer hopes that it will soon be put securely in this class by a careful revision.

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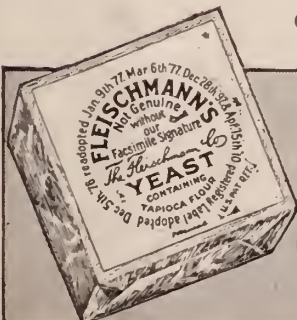
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OF THE

Indiana State Medical Association

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ISSUED MONTHLY under the Direction of the Council

VOLUME XI
NUMBER 6

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THE INDIANA STATE MEDICAL ASSOCIATION

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VOLUME XI

FORT WAYNE, IND., JUNE 15, 1918

NUMBER 6

ORIGINAL ARTICLES

THE NEW WAY *

DR. FRANKLIN H. MARTIN
Council on National Defense

CHICAGO

The activities of the first year of our country's participation in the great war have been recorded. What will be history's final estimate of our efforts and accomplishments? Will it contain a chapter on the rudderless effort of a great nation to accomplish a task without a plan and by commonplace methods, or will it record an era in history when a new way was evolved by the guiding hand of a great leader to meet the exigencies of an unusual demand? Are we now too much interested in the details of this struggle to estimate the fundamental methods and results employed in its execution? Are we too near the scene of action to gain a proper perspective of the field? Are we too much committed and trained in the routine of old statesmanship and politics to be willing to admit that a new statesmanship has successfully replaced the old? May we not presume to compare the contentions of the ultra-conservative mind with public opinion, and thus estimate the methods and tendency of progress?

The conservatives have been loud in their condemnation of non-partisan volunteer workers as they have been employed by the Government in meeting its emergency. They have questioned the advisability of the Government's recognition and support of the frank methods of handling vice among civilians and in the Army. They have questioned the practicability of the future treatment of the problems between nations and by our great leader.

Congress acted more wisely than it knew when, in August, 1916, it created, at the request of the President, the Council of National Defense and the Advisory Commission, the latter to serve without compensation. The appointment to the commission of the seven civilians were made by the President, and, lo, there was about an equal representation of the two dominating political parties—if one is able to judge at all of the politics of these men by their attitude in action.

While the council and the commission were being created as a peace-time machinery, war clouds were hovering in the horizon. After three meetings of the council and the commission the nation was involved in the greatest war of history. Every department and bureau of the Government, directly or indirectly engaged in the conduct of the war, was in the midst of the greatest activity and expansion of its existence.

Clearly, the task for which the Council of National Defense was created was at hand. Its duties had already been forecast. Every department and bureau welcomed assistance. What was more natural than that the commission should immediately suggest that the best experts in all lines of endeavor should be brought to Washington to fill in the gaps in the expansion work of the Government? It was apparent that not only the work of actual warfare would have to be performed by a civilian army, but that the enormous work in the departments at Washington would have to be supplemented by men who had never before been engaged in Government service. Therefore, the commission, each one of the seven members acting as an expert, said: "We will call in men as we have been called, we will call in men of marked ability and experience who will serve disinterestedly and without compensation." This program was adopted. Thousands of men, upon request, came to Washing-

* Read before the patriotic meeting of doctors, dentists, and nurses at Indianapolis, May 20, 1918.

ton to confer, to advise, and to take off their coats and work from ten to fifteen hours a day. Many of them have not only worked without compensation, but have paid their own traveling expenses and upkeep in Washington. In expanding the many bureaus in which they have been particularly interested, they have called to their assistance members of their own home organizations, their managers, assistants, stenographers and clerks, and have turned them over to the Government. The last question asked by a competent worker is: "What compensation will I receive?" The last question asked about him is: "What are his politics?"

And thus this new way has developed in a great emergency, and the Government is being served by disinterested experts from all parts of the country. Each of the seven civilians, with only advisory authority and without compensation, succeeded in nine months in bringing to the city of Washington first a hundred men of influence who would not accept salaries, but were willing to serve the Government patriotically without compensation. This number was increased a thousand-fold until seven thousand such men were serving in Washington. The advice and services of these men aided in accomplishing the transition from peace-time conditions to the present war-time expansion, until now the parks and waste places of Washington have been occupied by temporary buildings, accommodating thousands of workers, the overflow from the reorganized bureaus. It is difficult to realize what has been accomplished by this great army of patriotic workers; to realize the magnitude of the task of enrolling two million men into the military department of the Government; to realize the difficulties involved in expanding purchasing departments, supplying provisions, clothing and equipment for these two million men; to appreciate what has been accomplished in spite of all criticism in providing explosives, ordnance and fighting utensils for an Army and Navy of two million men. If you will summarize these facts in your own mind and estimate the extent of this accomplishment, you will then appreciate that much of the criticism of the Government for executing this enormous task in so short a time in the only possible way was due to the fact that critics could not conceive that so vast and great an undertaking could be executed by men without partisan fear, without official positions, without salaries, and in many cases without hope of receiving credit for the work done.

Many minds cannot comprehend such a sacrifice, nor will they admit that it represents a new and better way.

THE NEW WAY OF COMBATING THE VENEREAL DISEASES

The Government's program for the protection of the soldiers against vice and its attendant diseases has been the result of a rapid evolution from the old methods, which merely acquiesced in what was termed the inevitable, to a new method of combating an existing evil that already gives promise of far-reaching and beneficial results.

The first step was a sympathetic attitude on the part of our administrators toward the enforcement of a law against the use of alcohol in the Navy, when Secretary Daniels issued his famous order on that subject. Clear-headed athletes seldom go wrong morally if they are awake to the consequences, and if their brains are unaddled by alcohol. The Daniels order with its proof of wisdom, followed by the wholesome legislation making it a misdemeanor for any fighting man to imbibe alcohol maintains the brain in a normal state, and the teaching of the Fosdick commission is enlightening the men as to the consequences.

This movement has the support of the Administration, of Congress and of all right-thinking people, and a marvelous organization has been established to deal with the whole subject of protecting not only our fighting forces, but the cities and rural communities as well, from the results of an evil which has proven itself more life-destroying than the ravages of actual warfare.

It is strange that the most insidious opposition attempted to block this new way. All traditions of centuries were entrenched against it. "Personal liberty" was again to be violated by the ruthless hand of the reformer. Respectable complacency was to be aroused from its sleep of conventionality. Men were to be made milk-sops, and a single standard of morals was to be enforced for all. But the arguments of science, clean living, and a great war to which fathers and mothers were to lend their sons, aroused public opinion until it was decided to "give the new plan a tryout," and the tryout has been so dramatically successful that a great spiritual light has dawned and has illuminated the dark places and driven the greatest evil of civilization to bay. The new way has not produced a milk-sop, and on the other hand the rounder in war and society has been eliminated. In his place has come the clear-eyed, strong-limbed, self-re-

specting athlete, with a knowledge of himself and a high sense of moral and spiritual obligation to his fellow men and women.

The successful prosecution of this new way by the American Government will save the lives of more men and women who otherwise would die of loathsome diseases in the next ten years than have been destroyed by German guns during the past four years. The actual trial of the system in this one year of war has conclusively proven this fact.

NATIONS AT WAR

And now comes the *new way* of dealing with nations at war with one another which threatens to smash the traditions of centuries, and to establish the principle which was so difficult for the followers of the Great Teacher to understand twenty centuries ago. The strong nations are to yield to the weak. "Jockeying for balance of power" is to yield to the establishment of a balance of power that will compel strong nations to deal equitably with the smaller ones.

Early in February President Wilson made the following statement: "Our whole strength will be put into this war of emancipation—emancipation from the threat and attempted mastery by selfish groups of autocratic rulers. We believe that our own desire for a new international order under which reason and justice and the common interests of mankind shall prevail is the desire of enlightened men everywhere. Without that new order the world will be without peace and human life will lack tolerable conditions of existence and development. Having set our hand to the task of achieving it, we shall not turn back."

These remarks were supplemented by him in a recent speech in Baltimore as follows: "Germany has once more said that force, and force alone, shall decide whether justice and peace shall reign in the affairs of men, whether right as America conceives it or dominion as she conceives it shall determine the destinies of mankind. There is, therefore, but one response possible from us: Force, force to the utmost, force without stint or limit, the righteous and triumphant force which shall make right the law of the world and cast every selfish dominion down into the dust."

Thus says our chief, who is now the recognized spokesman for civilization, and who has created the spirit that is behind this new way—this new way which, when spoken of by him, seems the only way.

WORK OF THE ADVISORY COMMISSION OF THE COUNCIL OF NATIONAL DEFENSE

I am not here to speak of the general work of the Government, of the Advisory Commission, or of the Council of National Defense, but of that particular work which interests us as medical men. When the war began, the Medical Department of the Army consisted of between four and five hundred officers, and the Medical Department of the Navy of about the same number. There was a law in existence making it possible for the Surgeon-General of the Army to enroll civilian doctors as Medical Reserve Officers of the United States Army. The Medical Section of the Council of National Defense was organized to aid in the enormous task of expansion of the bureaus of the three Surgeons-General and to suggest ways and means for caring for the health of men in civil and industrial life. A plan for a General Medical Board was adopted, upon which were placed representatives of the civilian medical profession, the Surgeons-General of the Army, the Navy, the Public Health Service, and representatives of the Red Cross; officers of the principal societies—surgical and medical—of the country. This consisted of the Presidents, Boards of Directors, or Boards of Regents of the American Medical Association, the American College of Surgeons, the Clinical Congress, the American Surgical Association, the Southern Medical Association, and other like bodies. The representatives on this board were requested to act by the Secretary of War, upon my recommendation. The active membership of this important board was depleted from time to time by men being placed on active duty, many of whom are now serving in Europe. This board holds a session once a month, and through a well developed system of committees almost everything of importance in the conduct of war, from the standpoint of medicine and sanitation, is discussed, and recommendations are presented. These recommendations are, in turn, presented to an Executive Committee on the following day, this committee consisting of the Surgeons-General of the Army, the Navy, and the Public Health Service, the Chairman and Vice Chairman of the General Medical Board, Dr. Victor C. Vaughan, Dr. William J. Mayo, Dr. William H. Welch, and Rear Admiral Cary T. Grayson. The chairman of the various committees make recommendations. If these recommendations are approved by the Executive Committee, they are taken to the Council, and, if approved by that body, are distributed in the way of information to those in authority in the bureaus concerned.

STATE AND COUNTY ORGANIZATIONS

When the Advisory Commission was appointed, the Medical Section took over the organization of the Committee of American Physicians for Medical Preparedness, consisting of committees of medical men in each state. These committees have been amplified until in each state, as you know, a strong committee of physicians—known as the State Committee, Medical Section, Council of National Defense—is prepared to cooperate in every way with the central body. These committees are appointed by the Government, and are a necessary clearing machinery between the home doctors and bureaus and other activities of the Government. As long as the war lasts and the services of doctors are required, these committees will represent us.

In each county of the United States has been organized a County Committee, which places us in touch with all County Medical Societies. Through this rather complicated, but very effective, organization, we have been able to place much to the credit of the Advisory Commission. Our accomplishments may be summarized as follows:

We have succeeded in enrolling 21,000 civilian doctors for the Medical Reserve Corps.

We have aided, through the Munitions Board and other agencies connected with the Advisory Commission, in obtaining supplies for the Medical Departments of the Army, the Navy, the Public Health Service, and the American Red Cross.

Through conference with experts, called at different times, which conferences appointed committees and cooperated with the Surgeons-General, we have prepared and published standard tables of instruments, drugs, hospital supplies, and hospital equipment. These tables carefully record by number all materials in this country that are available for our work.

One of the conferences of Deans of Medical Schools succeeded in adjusting the difficulties in enrolling a large number of civilian doctors as reserve officers from among the teaching forces of the medical school.

Another conference discussed in detail the proper handling of the venereal diseases and the relation of the alcohol problem to venereal diseases. This conference resulted, indirectly, in the appointment of the Fosdick commission and of our strong committee in the Council of National Defense dealing with the venereal disease problem and emphasized in the Surgeon-General's office the importance of this problem.

VOLUNTEER MEDICAL SERVICE CORPS

Two matters of unusual importance have been taken up by the General Medical Board of the Council of National Defense recently. One is the organization of a Volunteer Medical Service Corps.

Briefly, this consists of men who have offered their services to the Surgeon-General and who, for physical or other reasons, have been exempted, and of medical men over the enrolment age who are willing to do some kind of service for their Government, preferably along military lines. The original recommendation of the committee formulating the plans for this service stated that this organization could be of service to the Government in the following ways:

1. By aiding in the work of selective enlistment. This is now being done by the Medical Advisory Boards, many of whose members should be eligible to the Volunteer Medical Service Corps.

2. By aiding in general as consultants wherever consultation may be necessary for enlisted men.

3. By maintaining in the best possible condition the medical services of hospitals, medical colleges, and laboratories, depleted by absence of those in active duty.

4. By reclamation of registrants rejected for physical unfitness under the selective service law.

5. By caring, so far as possible, for the families and dependents of enlisted men.

6. By aiding in the general sanitation of the country.

The formal recommendations for the organization of the Volunteer Medical Service Corps, accepted and approved by the Council, are contained in the following resolutions:

WHEREAS, There are many physicians registered in the United States who are ineligible for membership in the Medical Reserve Corps, on account of physical disability, overage, essential public or institutional need, and

WHEREAS, In view of the need for the services of these physicians in civil and military places, it is considered desirable by the medical profession of this country, and the General Medical Board of the Council of National Defense, including the Surgeons-General of the Army, the Navy, and Public Health Service, that some use be made of the services as offered; therefore, be it

Resolved, That the Council of National Defense authorize the Medical Section of the Council of National Defense to organize a Volunteer Medical Service Corps, to include in its membership those physicians ineligible for membership in the Medical Reserve Corps on account of physical disability; overage, essen-

tial public or institutional needs, and women physicians, for the purpose of making available the services of such physicians in any way deemed advisable by the Surgeons-General of the Army, the Navy, and the Public Health Service, or the Council of National Defense, and be it further

Resolved, That an appropriate insignia be authorized to be worn by the members of the Volunteer Medical Service Corps, the form of such insignia to be designed by the Medical Section of the Council of National Defense.

The important organization, in all its details, will be under the direction and authority of the General Medical Board of the Council of National Defense.

COMMITTEE ON INDUSTRIAL MEDICINE AND SURGERY

The second innovation to which I refer is the establishment or authorization by the Council of a Committee on Industrial Medicine and Surgery. The necessity for a committee of this sort is to co-ordinate the agencies authorized to carry out the provisions as follows:

1. To provide against unnecessary human waste in industry and society during the war.
2. To offset the drain on industry of man power caused by raising of military forces.
3. To meet the need for greatly increased production.
4. To avoid preventable deaths and disabilities from accident and disease.
5. To restore to full producing power in the shortest possible time sick and injured workers.
6. To increase output by maintaining workers in good condition.
7. To provide healthful places in which to work.
8. To provide healthful homes and communities in which to live.
9. To meet shortage of medical service induced by military needs.

The resolution asking for the creation of such a committee states definitely the activities to be represented. It reads as follows: Be it

Resolved, That there be created an Advisory Committee on Industrial Hygiene which shall be made up of a representative from the Public Health Service, acting as Chairman, a representative from the following Federal Agencies:

Department of Agriculture
Department of Interior
Department of Commerce
Department of Labor

and a representative from each of the following:

Organized Industry
Organized Labor
Organized Medicine
Organized Industrial Medicine.

RESPONSIBILITY OF THE CIVILIAN DOCTORS

This brings me to the consideration of my last problem. It is not generally realized or appreciated that thirty-nine out of every forty medical officers among the fighting forces of our Army will be civilian doctors. This places an enormous responsibility upon the civilian doctors. In order to carry out adequately these responsibilities it will be necessary for the reserve officer to have rank that will place him somewhere near the same footing as the regular medical officer. After the civilian doctor has been in the service for one year, there certainly will be no disparaging his services in any place he may be asked to occupy, as compared to the regular medical officer. At that time, if the reserve officer is ever to become a soldier, he will be in a position to fulfill his entire responsibilities. If he is to do the work side by side and shoulder with the regular officer, for the good of the service, he should have equal rank. When we take into consideration the sacrifices of the average civilian doctor who leaves his business, leaves his practice and serves his country for a year or two in a conflict of this kind, to come back after the war with his business dissipated, and with new responsibilities to assume, we have one more strong argument in asking that the reserve officer should have full rank, as he is entitled to it, with the regular army officer. Fortunately, our chiefs, the Surgeons-General of the Army and the Navy, are definitely with us in our desire for equal rank. Admiral Braisted has already secured high and appropriate rank for his medical officers. Surgeon-General Gorgas has urged repeatedly since the beginning of the war that a law be enacted that will enable him to give proper rank to the strong men who have volunteered their service in his department, and he must have thousands of civilian doctors, serving under him, if he has a properly organized Medical Department.

The following letter shows how the Commander-in-Chief of the Army and Navy, the President of the United States, stands on this important subject:

"My dear Dr. Martin:

I read very carefully your memorandum of February 27 about the rank accorded members of the Medical Corps of the Army, and have taken pleasure in writing letters to the Chairman of the Military Committees of the House and Senate, expressing the hope that the bill and resolution may be passed.

Cordially and sincerely yours,

WOODROW WILSON."

Two bills exactly alike were presented in Congress on February 5th—Senate Bill No. 3748, introduced into the Senate by Senator Owen, and House Resolution No. 9563, introduced into the House by Mr. Dyer. These bills are similar to the one introduced by Senator Owen last year as an amendment to another military measure. Please note that the present bill reads as follows:

That, hereafter, the commissioned officers of the Medical Corps and of the Medical Reserve Corps of the United States Army on active duty shall be distributed in the several grades in the same ratios heretofore established by law in the Medical Corps of the United States Navy.

The Surgeon-General shall have authority to designate as "consultants" officers of either corps and relieve them as the interests of the service may require.

That means, interpreted into more understandable language, that there will be a general officer, either a Major-General or a Brigadier-General, for each two hundred medical officers, or five general medical officers to each one thousand medical officers; or, for our present enrollment of fifteen thousand medical officers, seventy-five general officers, and the usual proportion of Colonels, Lieutenant-Colonels, Majors, Captains, and Lieutenants that are now provided for the Regular Army.

In closing, may I be pardoned for making a direct reference to the personality of our two chiefs, representing the Army and the Navy—namely, Major General Gorgas, Surgeon-General of the United States Army, and Admiral Braisted, Surgeon-General of the United States Navy. Could anything have been more fortunate for the medical profession than to have this war begin with two such men on the job—each of whom had already an international reputation as a medical man and an indefatigable worker?

You may depend upon it when criticisms come as they have come, and they will come in the future, that these two men will be the first to make every effort to correct mistakes that are avoidable and to make it impossible for them to be repeated. Nothing so cleared the atmosphere as the prompt action by Admiral Braisted when there came trumped-up criticisms of a hospital ship, in immediately ordering an investigation by the strongest civilian sanitarian. The shortcomings were admitted, and with equal frankness, it was stated that they would not occur again. So, likewise, the recent report of Surgeon-General Gorgas when his work was

criticized in which he definitely stated the fact, indicated the causes, and located the responsibility.

CARRY ON

This is the time for the earnest prayerful searching of one's soul. It is the time for prayer that precedes action. Each hour of every day of every week there is something that one can do that will help to stop the Hun. Create in your mind the consciousness of shame that will make you hesitate to eat white bread; to waste the necessities of life; to use automobiles and able-bodied drivers for pleasure riding; that will compel you to carry your own handbag; to stop unnecessary travel; to conserve your fuel; to, above all things else, think every minute how you may play the game of "carry-on" by your sacrifice and example.

After you have done all this, and all else that you can think of; after you have given yourself in service; after you have given your son to the fight; your daughter to the Red Cross; your best efforts in thought and action to conserve your Government's and your allies' resources—then you must give of your wealth if you have it and of your small means if you have not wealth. The rainy day has arrived. The collection is now on. Your Government that has protected you—your home—is in peril. If you have given, give again, give now.

Finally, may I appeal to the medical men of this city and the medical men of this country who are capable of doing their bit either in the Army or Navy, or in the work of caring for the Medical Schools, the hospitals, and for the civilian population, to enroll in the Medical Reserve Corps of the Army or the Navy, or in the Volunteer Medical Service Corps which is now open to those who have been rejected for physical reasons, or who are above the military age. Let me appeal to you to be enrolled and in uniform or be ready to wear the uniform upon call, or to accept the insignia indicating that you are in the Volunteer Medical Service Corps, and that you have a good reason for not wearing the uniform or are not ready to wear the uniform. In that way, you will place squarely before our eyes the man who is not for us in this war, or who, for selfish reasons, is deliberately placing himself in the position of a slacker. In making this appeal, I wish to emphasize the importance of this new Volunteer Medical Service Corps.

Please do not criticize the heads of the Administration until you know the facts. Visualize in your mind the enormous task that has been accomplished by the Government since

April 6, 1917. Appreciate that this great work could not have been done without a few mistakes in details. Don't criticize our Secretary of War, who has been back of the great organization plan and who has helped to develop the new way of doing things—viz., employing the service of thousands of volunteers in the organization of the service, in their great task of expansion from peace-time conditions to war-time necessities. Realize that in war time many of the most important accomplishments are not published, they are secrets of war. Instead of criticizing, write letters of commendation to overworked and trusty officers who have accomplished so much, in order to renew their courage and add to their strength. Thank them for their steadfastness of purpose and for their optimism, based on the consciousness of good work done. Thank them for working fifteen hours a day in their great efforts to prepare for battle. When you criticize—stop—search your libraries and read the comments upon Mr. Lincoln and Mr. Stanton, published in the partisan press from 1861 to 1865.

THE REPAIR OF BIRTH INJURIES*

DR. FRED R. CLAPP
SOUTH BEND, IND.

The subject I wish to discuss today is the intermediate repair of birth injuries.

According to Hirst, 40 per cent. of mothers are rendered unfit by child bearing. In 1916, 63,000 births were reported in Indiana, therefore 25,000 of these women were, to a greater or less extent, unfitted to take up the duties of motherhood as a result of these injuries.

I have carefully reviewed the literature of the past two years and find less than ten references to this subject and I, therefore, feel justified in bringing up this question, hoping that we may have a clearer idea of its importance. Think of an army of 25,000 women recruited annually from this state alone, made physically deficient by this cause.

I have as yet failed to find a satisfactory classification of these injuries, based either on anatomical or obstetrical principles. The one found in all textbooks, namely, first, second and third degree lacerations, gives no conception as to the anatomical structures involved nor to their extent or importance and gives the student a very vague and incorrect idea of them.

I had been taught, and prior to the beginning of the present year it had been my practice, to repair all lacerations of the perineum immediately after the termination of the third stage. This practice I carried out very religiously, but I found many of my cases returning, with results that were far from satisfactory. Primary healing had failed and secondary repair was necessary in a large number of them. I finally insisted that all of my patients, primarily repaired, should return at the end of six weeks for examination, at which time uterine involution and wound repair should be complete. In this large number examined, the same percentage showed unmistakable evidence of faulty healing.

In a few cases a repair was postponed for four or five days after delivery because of shock of prolonged or difficult labor. When repaired, the healing in these cases was rapid and primary union was the rule; in fact, I do not recall one of these cases requiring a secondary repair. The convalescent period was no longer, notwithstanding the fact that they had undergone long, tedious or difficult forceps deliveries. They felt well and strong and involution was complete at the end of six weeks.

About this time I read a short abstract on the intermediate treatment of birth injuries which so completely coincided with my observations that I decided to give this method a thorough trial and it proved so satisfactory that I have adopted it in practically all of my cases since.

In the May number of the *American Journal of Obstetrics* Hirst gives a very exhaustive report of his experience with this method of treating injuries of the birth canal and I feel that your time would be well spent in reviewing this article.

We are taught to observe strict surgical technic in the conduct of our labors, this teaching implying that the birth canal at the onset of labor is free from infection, and with few exceptions, I believe that this is true. If infection develops subsequent to labor, then it must have been introduced at the time of labor or soon after, either as an error in technic or in the post-partum conduct of the case.

What portion of the responsibility for these infections may be placed on the shoulders of our repair?

We know that traumatism lowers the resistance of the tissues and this together with congestion, edema and the accumulation of tissue debris furnishes conditions for the propagation of infectious organisms as ideal as one could

* Read before the Indiana State Medical Association at the Evansville session, September, 1917.

imagine, especially the colon bacillus, which is always at hand and a most willing worker.

As drainage is so essential to the successful treatment of all infections, its application here as a prophylactic measure or in the treatment of frankly infected cases seems rational.

By suturing these wounds immediately, do we not close all avenues of escape and lock up within these traumatized areas any infection which may have gained entrance during delivery and therefore disregard the above mentioned surgical principle, namely, drainage?

By permitting these wounds to remain wide open we affect efficient and continuous drainage and any wound that is perfectly drained, even if badly infected, does not long remain so.

By the fifth or sixth day, post-partum, we notice that healthy granulations have developed and when this state of wound repair or wound disinfection is reached, suturing is indicated. This principle is now recognized in the treatment of war wounds by the Carroll-Dakin technic.

All obstetricians are agreed that a satisfactory repair of the cervix and upper vagina is impossible immediately after labor, the only indication for its attempt is hemorrhage and after this has been controlled, further manipulation is contraindicated for various reasons, danger of introducing infection or constriction of the cervical canal being the principal ones, as these tissues are in such a state of edema our sutures either cut through, producing additional trauma, or loosen as the edema subsides. It is only reasonable, then, that treatment should be deferred to such a time when conditions are favorable for repair.

The technic of repairing these injuries is very simple, suturing of both cervical and perineal wounds may be done at the same time. The time of election varies and depends on the character of the granulations developed. All my repairs were done between the fifth and eighth day, the field was cleaned with a weak lysol solution, followed by normal salt solution, the upper and lower angles of the wound were infiltrated with a $\frac{1}{2}$ per cent. of novocain to which was added 3 min. of adrenalin to the ounce; if any cervical or upper vaginal wounds required attention, injection was then done. After a lapse of five minutes, which allows for complete anesthesia of the tissues, the cervix is sutured by a continuous locking stitch. I have found this more satisfactory than the interrupted, as it brings the edges in closer apposition. Perineal lacerations are closed by a running suture at the bottom of the wound, the

mucous membrane being closed by interrupted sutures placed $\frac{3}{8}$ inch apart. When this technic is followed, the entire procedure is free from pain.

A few highly nervous patients may require or insist on a general anesthetic but I found this necessary in only two cases and these were done under gas-oxygen analgesia.

Inasmuch as we upset a very firmly established and time-worn custom in doing the intermediate repair, it is advisable to inform the patient and her friends at the time of delivery that should she receive a laceration it will not be sutured until the tissues are in such condition that a successful result may be expected, explaining fully the conditions necessary for this to be accomplished.

My patients have taken kindly to this departure from the beaten paths and the results have fully justified what inconvenience or discomfort this procedure may have caused.

It has been frequently said that obstetrics is not keeping step with the progress being made in other branches of medicine, but I believe wonderful things are being accomplished, antenatal instruction, the relief of the pain of labor, the reduction of maternal and infant mortality, but above all else, the reduction of maternal morbidity. And while the proper attention to these principles is reducing the tremendous toll our lying-in women have paid, if we hope to further lessen this excessive drain on feminine humanity, we must inject sound surgical principles into our obstetric work.

RESTORATION OF PART OR ALL OF THE LOWER JAW

PRELIMINARY REPORT

MAJOR H. R. ALLEN, M.R.C.
INDIANAPOLIS

On one or both sides (according to requirements of the case) an incision two or more inches below and about parallel with the clavicle is made. It is sufficiently long to secure an appropriate amount of skin and soft tissues to accompany the superior and anterior section of the upper half of the clavicle which is removed from the lower and posterior remaining portion of the clavicle. It is not necessary, except in unusual cases, to remove the entire upper half of the clavicle. Ordinarily, the articular ends and a considerable area near

them need not be touched. The lower skin incision may be carried directly across or pointed upward toward the median line.

At the ends of the horizontal incision, vertical incisions free the flaps accompanying appropriate lengths of the superior portions of



Figure 1.

the clavicles on both sides, provided both sides require restoration. This bone-carrying flap, with its circulation impaired though not cut off, is drawn upward and sutured to the denuded face and raw tissues above. The lower flap of skin and fascia may be used to cover the raw surfaces of the portions of clavicles accompanying them or extend across to form a floor for



Figure 2.

the mouth or serve both purposes. The proximal ends of the clavicle segments may be united now or subsequently. The clavicle segments may be fractured at an appropriate time to form angles for one or both sides of the jaw making the chin. After securing the flaps in

place, the muscle attachments released in removing the superior clavicular segments are now united above and below by fascial flaps. The denuded area is closed by plastic methods or by skin grafting, or by both procedures. A drainage may be employed. The head should be well flexed forward and secured in this position.

By this method living bone may be transplanted. A procedure having many advantages over any system of bone grafting in which the graft is cut off from its blood supply.

The function of the shoulder girdle is unimpaired.

I admit this is a very formidable procedure, but as an alternative for absence of a lower jaw it is not only justifiable but most highly commendable.

In my Museum of Modern War Injuries and Their Treatment in the new auditorium here, this operation seems to receive its share of attention and comment.

ADVANTAGES AND DISADVANTAGES OF JOINING THE MEDICAL RESERVE CORPS *

FRANK W. FOXWORTHY, M.D.

Late Major and Chief Surgeon, Indiana National Guard
INDIANAPOLIS

As I have been repeatedly asked concerning the advisability of entering the Medical Reserve Corps, by physicians who are past the age for medical service in the regular army, and as many of these applicants have little idea of what they will encounter in the regular army, I am taking this method of giving them an inkling of what they should do.

It is no reflection on a physician's patriotism that he has not so far offered his services, for many are in doubt as to whether they could pass the physical examination or not, and others are encumbered by financial obligations that would make it exceedingly hard for them to enter the service at once, and still others are taking care of infirm or invalid relatives, which makes it difficult for them to decide what is best to be done. Undoubtedly, there are many also who could never reconcile their mode of living to army life.

According to the public press, the Surgeon-General has dismissed hundreds of physicians for various reasons. These men may come back to their own towns with a halo of patriotism around their heads because of the fact that their

* Read before the Madison County Medical Society, Anderson, Ind.

patriotism caused them to enter the service. when for physical or other reasons it was found best not to keep them. You members of the profession, who stay at home, will not have this halo of patriotism around your heads, although you may have to work twice as hard here to keep the whole population in good health.

I have known of cases where members of the profession should never have received commissions, on account of inefficiency, and months ago I protested to Colonel Noble of the Surgeon-General's office against the promiscuous granting of commissions to any one who applied. At that time, he informed me that efficiency boards would be appointed to look after this drawback, and undoubtedly these boards have been at work, from the results as published in the public press.

Before thinking of entering the Medical Reserve Corps, the physician should examine himself mentally as to whether he would be efficient physically for the service. While it is true that the vast majority of the Medical Reserve Corps are at the present time still in service in this country, yet before the war is over there is a strong probability of many of them seeing service abroad. Of course, it is taken for granted the Surgeon-General will probably send the best equipped men forward first. This would mean that the surgeons of the regular army and national guard regiments would have first chance at the fighting line, and certain specially selected Medical Reserve Corps men, such as those engaged in base hospital work, will also be sent abroad first. This leaves a vast army in this country to be taken care of by members of the Medical Reserve Corps, and if you are physically able to take care of your own practice and have no serious ailments, which would be apt to disable you, you undoubtedly can be of use at some time in the service in this country, but, if you have an old chronic trouble—rheumatism, for instance, or allied diseases—you would be a burden to yourself as well as to the government, if you undertake even the ordinary work in the camps.

Many a physician has written to the Surgeon-General and asked to be allowed to practice his specialty in camp, and, while I have no doubt the Surgeon-General wishes to put every man into his proper place in the establishment, where he can work to the best advantage, not only to himself but to the government, there must be certain times when a man will not be allowed to practice his own specialty. It is absurd for a man to write in and ask to receive a commission, and that he be allowed to continue his obstetrical work, for instance, as one man did.

In order to prepare an applicant for a commission in the Medical Reserve Corps, for any emergency that might arise, it is *sine qua non* that each one pass through a three-month training period so that he may know how to handle himself in a military organization; that he may know how to handle groups of enlisted personnel, with which he will always be brought in contact, and in order to bring out a greater efficiency even in his own line of work—for the Surgeon-General is undoubtedly treating the medical profession handsomely, by ordering them to the best special hospitals in brain surgery, and to the best clinics for the purpose of instruction. This is one of the great advantages of belonging to the Medical Reserve Corps, for it is perfecting you in your own specialty.

May I mention one instance—that of Dr. Horace R. Allen of this city, whose photographs of surgical appliances appeared in the January number of the *Military Surgeon*, as an instance where a good man is allowed to practice his own specialty, and in which in a few months he has not only established himself wonderfully, but has also made vast improvement in the procedure of handling wounded men. Many other instances of like character could be mentioned, but space does not permit, excepting for a few notable ones, which have occurred in the past. You will all remember Russell's work in typhoid vaccination. You remember the work of Vaughan and others in determining the transmission of yellow fever. You remember, of course, the work of Gorgas in sanitation at the Panama Canal zone. In each of the above cases, while the benefit was monumental to the service, yet it redounded greatly to the credit of the individual. And, so it will be with you, if you have high aim in your profession and wish to make good, there is unlimited opportunity for doing so in the Medical Reserve Corps, but you will not attain this unless you can do something a little bit better, or even a little bit different from the other fellow. Gilchrist found that he could lessen the number of mules and wagons in a field hospital train by combining three ward tents into one, and substituting a rope for a ridge pole. Such work is just as valuable to an army in the field as discovering a new germ.

The question of age enters vitally into the subject, as the young man—that is, the man under 32—may wish to enter the regular service, and if so, he has the admirable paper of Col. Robert E. Noble to guide him. I wish to speak, however, mainly of the man over 32—the man who expects to come back to his practice, live among his clientele again, and resume

his relations with them. This man may have already become impaired, it may be by either disease, natural environment, former service in former wars, and it is my wish to explain how his talents may be used for the conservation of the army.

Almost a year ago, I was informed by Colonel Ruffner, of the Medical Department, that the man under 35 would be the best man to send with the actual fighting units, as this man would be more active and could handle himself, as well as the enlisted personnel, even better than the older man. He also could stand more hardships, and come up smiling. So, at the present time, the older man is relegated to work at field, evacuation and base hospitals, or casual clearing camps, and for work in this country.

In this connection, I cannot agree with the idea as promulgated by Surgeon-General Goodwin of the English Army, who made many notable addresses in this country during the past year, that the surgeon, with an assistant or two, should be sent to the front line trenches and accompany the men over the top. In supporting his position, he asserted it encourages the men, as well as saves a few lives. The result of this idea is now shown by Great Britain clamoring for more physicians, and the awful scarcity of physicians to take care of the civic population, and by the numerous American physicians now in hospital work in England.

It is not considered good military judgment to send brigadier generals over the top in a trench raid, or even in advance of the trenches, and yet many a brigadier general has been made in a shorter time than it takes to make a surgeon. It is not a question of patriotism, or cold feet, it is a question of economic waste to send good surgeons over the top when we have not any too many to fall back on.

If you will allow a personal reminiscence—it is very vivid in my mind how on Dec. 4, 1899, I begged General S. M. B. Young to allow me to go into the fight at Taguidin Pass, Luzon, when my Lieutenant Colonel, now Brigadier-General Robert L. Howze, carried ten consecutive lines of entrenchment and scattered the enemy army to the four winds. At that time, a little younger and more impetuous, I thought my duty was to be with my commanding officer and my own regiment, but General Young, in courteous language, showed me very quickly that any medical man, when there was only one left, was of more value than any number of soldiers, and that my business was to stay in the rear at that time and prepare a temporary hospital for the wounded as they were brought in. I think it is of greater importance at the present

time that there should be a conservation of medical lives; that we should not lose too many in the first year of this war by needlessly exposing them.

The greatest advantage of all I have not yet mentioned, and that is the advantage of being able to offer your services to your mother country when she needs them. Thousands of physicians have done this since the time of the Revolutionary War, and the little I can say would scarcely add to the praise that should be given to those who have volunteered their services for their country in the Spanish-American War. There were scores of applicants turned down for medical work to each one accepted, but, that was a little war. At the present time, we have a chance to do something big in a big war, and the physicians are worth a great deal more to the government than ever before in its history.

Another advantage, that I may regard as personal, is the fact that you are almost daily brought in contact with some of the best fellows in the world, as well as some of the leaders of the profession. Your horizon is broadened, the petty details of the routine of your practice at home are forgotten in the broader service, and your patients in the army are made to take your medicine and are required to get well, without any chance of interference by quacks, chiropractors, etc., as well as the great evils of patent medicines. The Surgeon-General gives you every facility for making good, and any medicine or instrument is furnished that is necessary to assist you in your work.

May I refer you to one instance of this kind. Our own Lieut.-Col. LaRue D. Carter, now at Camp Beauregarde, was combating epidemics at Camp Shelby when he decided that a whole company, or regiment, should have their throats sprayed every few hours, and that the whole community, as well as the whole camp, should be quarantined. This was done, and the Medical Department furnished the necessary appliances and medicines to stamp out meningitis at Camp Shelby. This has also been done at Camp Beauregarde at the present time. It was not necessary to have a public meeting to work up sentiment for the purpose, nor was it necessary to carry it to the city council or to the mayor, or for Congress to work months on a vaccination law, but it was done at once, and the men are protected, not only from smallpox and typhoid fever, but from tetanus, septic infection and other diseases of that character.

On your return to your practice after your service in the Medical Reserve Corps, will it not be a great advantage to your community, as well as to yourself, to have had this experience?

You will be of much more value to your community, not only being able to advise executives and create public sentiment, but you will be competent to carry out such measures in cases of epidemics.

An advantage upon which little value has been placed is the broadening and instructive advantages of travel. When I entered the service in 1898, my travels had been confined mostly to the states of Indiana and Illinois. My ideas were cramped and narrow, and my treatment of medical diseases was confined to what I had learned in Indianapolis. After three years' service at Chickamauga Park; Newport News; Lexington, Kentucky; Columbus, Georgia; Matanzas, Cuba; Presidio, San Francisco; Fort Logan, Colorado, and then for nearly two years in the Philippines, as well as a glimpse of the Boxer Rebellion in China, it would broaden the view of any one, and my service was nothing unusual — just the ordinary service of a surgeon of the volunteer army at that time.

Another advantage that I think should be mentioned, and which was one of the vital things in my own life at that time, was that the service in the army taught me the value of money, and also furnished sufficient to enable me to increase my medical education by visiting Kitisato in Tokyo, Japan; Haffkine and his cholera work in Bombay, and the various clinics in Berlin and London. This I might never have gotten if it had not been for my service in the army.

There is still another advantage, and that is mainly to those physicians who have been accustomed to a sedentary life from too much office work and auto driving. The work of the Medical Reserve Corps may reduce your waist measure, but it will increase your longevity. I have had the pleasure of seeing hundreds, if not thousands, of the Medical Reserve Corps during the past year, many at Fort Harrison, and have been greatly impressed with their healthy appearance.

Turning now to the disadvantages of joining the Medical Reserve Corps — they are so few and insignificant that it is scarcely worth while to enumerate them. Once in a while, a physician has whispered to me: "What will become of my practice, and will I ever get it back again?" Personally, I have enough confidence in the patriotism of the American public to patronize those physicians who have returned from the service in preference to any one else. While there may be a certain loss, it has been my experience that I have always regained the patronage of the people who are worth while.

One doctor complained about the fact that he had to sweep the floor of the barracks. It reminded me of the time when our greatly revered Nicholas Senn was sent to Cuba, and the hospital in which he was to operate was not completed. With his characteristic energy, he went to work, building and fitting out wards, just as though he had been a carpenter all his life. If Nicholas Senn can afford to do the little details of life, I am sure that we should not complain.

Of course, there may be a few that will not return from over there, but how many of us every year succumb to septic infections, pneumonia, arteriosclerosis and automobile accidents?

Some doctors have told me that it was impossible to support their families on the salaries of the Medical Reserve Corps officers. My only answer to that is: What would the lives of your family be worth if this country were ever overrun by barbarians more treacherous than cannibals, more licentious than heathen?

As to the present needs, may I quote from a letter to me from the Surgeon-General's office, of Feb. 20, 1918: "The Department is still anxious to increase the number of good surgeons in the Medical Reserve Corps. Those commissioned may not be immediately placed on active duty, but will be required ready for replacement. The acute need of the Department at the present time is for enlisted men up to 40 years of age."

Finally, as the Surgeon-General wishes you to have sufficient time in which to close up your business, procure equipment, etc., and also sufficient time for the necessary training, before getting into the active service, apply for your commission soon. If you can, state the exact time you can be ready to enter the training camp. You know the old saying, "The early bird catches the worm," and many who entered the Medical Reserve Corps last year, as first lieutenants, are now captains or majors. Promotions in it are quicker than in the National Guard or Regular Army.

My only hope is that you will have the wonderful experience that I have had, in helping Uncle Sam and "doing your bit."

1135 State Life Building.

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THE PHYSICIAN'S WHOLE DUTY*

A. G. W. CHILDS, M.D.

MADISON, IND.

Life is the continuous adjustment of internal relations to external relations. Such is the definition according to Herbert Spencer. In making the necessary adjustments in order that life may be maintained, all living things have developed two primal instincts, namely, self preservation, and reproduction. Self-preservation looks after the nutrition of the individual, causes him to provide shelter from the cold and storm and puts the fight into him for his own defense and the defense of those who are dependent upon him. Reproduction cares for the maintenance of the species. No plant or animal has completed its life history until it has brought into being another plant or animal like unto itself, and this is the crowning act of its life.

The salmon of the Columbia River after hatching in the headwaters, float gently down the stream to the ocean where they spend the growing period of their life. When they reach the reproductive stage they find their way back to the river's mouth, where they begin the long struggle, against the current, without food and without rest, 'till they come to the small branches of the river's source. Here, the female, after making a nest in the sand, deposits her eggs, and the male fertilizes them, then both die and float back to the ocean. They have completed their life history and provided for the maintainance of the species. They know nothing of their offspring and probably care nothing. Their obligation ceases with the formation of the egg and sperm, and the act of depositing them in as favorable surroundings as possible.

As the reproductive instinct is evolved, there comes a time when simple reproduction is not sufficient, and a new element is introduced. This element is the spirit of altruism and manifests itself in an effort on the part of the parents to provide for the offspring.

Some plants seem almost intelligently to provide for their young in order to give them a better chance to grow, while in the animal kingdom, altruism begins as low as the reptiles and is very pronounced in the bird family. Some mother snakes guard their young very carefully and when danger is near will give a call and collect the little snakes in their roomy throats 'till the danger is past, and all are familiar with the attention and care little birds receive from both the father and mother bird.

Altruism as a part of the reproductive instinct, continues to develop stronger and stronger, as we pass on into the higher animal kingdoms. Its development is gradual and constant in the female, but shows considerable variation in the male, until we come to the human animal, and here we have a wide range of modifications. Altruism in some form, is found in all races of mankind, but in some it extends only to the immediate family, while in others it broadens enough to include a tribe. We find its highest conception however in the ideal parents of a Christian civilization. Here the interest extends beyond the immediate family needs, and in addition to the establishing of homes for our own, we build school houses, churches and hospitals for our own and others. We organize in every way for the protection and welfare of our own and others and our altruism becomes linked up with the idea of "universal brotherhood," and we are "our brothers keeper."

When God decided to make a doctor, He selected out of the many human characteristics, this one of altruism. He planted it deep into the heart of a human being. He nurtured it and made it grow and broaden into a great, unselfish, love for humanity. Every doctor, if he be true to the principles of his profession, is moved with an o'er-whelming desire to be of the most possible service to his fellow men. A few places where we fail to render this service is the real concern of this paper.

The moral standing of a community is high or low according to its ideals. These ideals depend primarily upon the traditions of its people, but are modified from one generation to another by advancing civilization. What was right at one time has gradually come to be wrong, and many wrong things have quietly and securely fastened themselves upon the vitals of society. How the community feels about these wrongs, is the public conscience, and this is the thing which needs constant education and stimulation, in order that the community will act along right lines. It is the doctor's opportunity as well as his duty to help mould the public conscience along the line of public health and efficiency.

We have in this United States a school system of which we are justly proud, and which will compare favorably with school systems of other countries, but needless to say our schools have their weak points, many of which could be eliminated if the influence of the doctor could be felt more keenly in their management.

Having spent about ten years of my life in public school and college work, I have had opportunities to observe many wrongs, such as the following. A small boy with pulmonary

* Presented before the Fourth District Medical Society, at the annual session, North Vernon, May 16, 1918.

tuberculosis wasting his own body and infecting other children was allowed to go to school in one of our Indiana towns. Two young men in one of our high schools, each with a serious heart lesion, were playing on the foot ball team. Another young man while playing basket ball in a dirty gymnasium infected his hand and lost the use of two fingers. Still another star basket ball player, contracted tuberculosis in the same gymnasium and died. A very bright and beautiful daughter of one of our former educators became a victim of the great white plague, while attending an over crowded and unsanitary high school. Her life was sacrificed because the influence of the doctor was not keenly felt on the public conscience. Proper sanitation in all school buildings, including proper light, proper ventilation, proper heating, absolute cleanliness and plenty of room is the inalienable right of every child; and in addition he has the right to know all that is best for him to know about personal hygiene and the prevention of social diseases, and the doctor's contribution to the public conscience is the means by which his rights will be respected. Fellow workers, if the school buildings of your community are unsanitary and are not adequate to meet the needs for which they were intended, it's up to us to sound the warning and arouse the public sentiment against the wrong. The next human sacrifice to the god of filth in these very schools may be your child or mine.

Athletics in our high schools and many of our colleges, is another condition that needs the attention of the doctor. In most cases, what should be the real purpose of athletics is defeated. Instead of the weak being strengthened, the strong are made stronger and the weak are neglected. After school opens the boys meet on the athletic field for a try-out. Those that are already strong are set aside to be trained, not for life, but for a special place on the team and their ideal is not the development of a high type of physical manhood but simply to play the game, to beat the other fellow. These athletic specialists are trained so vigorously for their own particular stunt that their intellectual training becomes a secondary matter and is often neglected. The good that might have been done by a moderate amount of training is entirely lost by the over training, and many an athlete, as every doctor knows, has gone to pieces after leaving school, because he has not been able to keep up such vigorous training.

The greater wrong, however is done to the neglected. The weaker boys and all the girls are in need of physical training. They as a rule are more faithful to their books and develop good minds, but often enter upon life's work

handicapped, because their bodies are not well developed. It is folly to assume that girls do not need the physical development. They are to be the mothers of the next generation, and what kind of a generation can we hope to have from a race of weaklings. We are now sending these neglected boys over to France to represent us in the great world's conflict. How much better would we be represented if these boys had had the kinks trained out of their bodies when young. A letter from the State Health Commission says, "We are told that a great many of the disabilities which result in exclusion or discharge of soldiers from our Army are acquired in childhood, and the schools are blamed to a great degree. Badly lighted and poorly ventilated schoolrooms bring about impaired vision, coughs, colds and infectious diseases which should be prevented, leaving as their sequel, injured kidneys, impaired hearing and other defects. The forcing of children into seats which do not fit them results in distorting their bodies; slightly bent spines are all too frequent and these are attended with nervous disorders which unfit the applicant to be a soldier. The United States authorities therefore urge that great attention be paid to school hygiene, and that no expense be spared which is necessary to surround the schoolchildren with the very best conditions of health and life."

Tuberculosis needs some attention from the doctor aside from the matter of treating the disease. The public mind is not yet clear as to the danger of ignorance, and as to the benefit of early diagnosis. Many still believe that a diagnosis of tuberculosis means a death certificate, and will generally go from one doctor to another until they find the one who will tell them they have not got it; then their minds are at rest, and they go on traveling the same road thousands have traveled before them, till finally a slab marks their last resting place; but not until many others have been infected with their germs. When it is a case of tuberculosis the primary object should not be to satisfy the mind of the patient, but to protect those with whom he is associated, secure the cooperation of the patient in the fight to get well, and then report the case to the State Board of Health.

Greater than all evils are those resulting from the violation of our moral obligations. The penalty following the social evils is so great, and the effects upon society is so lasting that it is impossible to estimate its magnitude. The physician who will not cooperate in fighting this gigantic evil is missing a great opportunity to be of service to his fellow men. It is a source of great satisfaction to know that the

United States is endeavoring to eradicate this evil from our Army, and in this connection I wish to give a few quotations.

The letter from which I quoted above states: "Just at the present time the Medical Department of the United States Army and Navy and also the United States Public Health Service are pushing as hard as they can the fight against venereal diseases. The letters from these authorities say: 'We have more to fear in our armies from venereal diseases than from gunshot wounds. Further, these authorities declare that the money cost and the inefficiency which flow from venereal diseases is greater than the money cost which flows from wounds.'"

In the May number of the *Mississippi Valley Medical Journal* there is an article on the subject of venereal diseases, written by Dr. Stuart Graves. The entire article is of immense value to those who are interested in the subject. I take the liberty to quote a few passages:

"Students of history know that every great army has left in its wake a trail of syphilis which has blighted humanity for several succeeding generations. The world in other great wars has accepted this curse as one of the necessary evils of warfare. This war is different. It is the greatest cataclysm which has ever overwhelmed mankind. Every last ounce of physical energy, every last particle of natural resource, every last bit of mental and spiritual strength is being utilized with scientific finesse to produce the maximum effect. The man power unit, physically and mentally fit, is the all-important factor in the struggle. The strain is so terrific and the principles involved are so deep-rooted that each side is taking measures never before considered to conserve that unit.

A sick soldier is not only an ineffective offensive unit in himself, but he keeps a certain number of other soldiers from fighting; he uses supplies which might otherwise be utilized for sound men to kill Huns; and that is what we need to win this war—sound men to kill Huns.

It is a simple corollary that, if a sound soldier is the effective fighting unit and a sick soldier keeps more than himself out of the fight, the more men the government can keep off the sick list, the more effective the fighting forces will be in an increasing proportion. This is being recognized as in no previous war although its value was realized by the Japanese in the Russo-Japanese war. It is an old saying that prostitution follows the army. Modern experience would indicate that this old saying is neither wise nor necessarily true. The Japanese army went eighteen months without having an immoral woman in the army. It is well known that the Japanese army was exceedingly efficient.

Before this present great war began, it is

said 25.3 per cent. of the constantly sick in the English army were suffering from venereal disease, an average of two days for each man.

The Vienna report in the *Journal of the American Medical Association* on March 10, 1917, said: "The number of syphilitics in the (German) army must certainly be several hundreds of thousands. * * * Since the war began a total of sixty divisions have been temporarily withdrawn from the fighting for venereal diseases."

Social Hygiene, Volume 3, No. 2, page 205, states: "During the first eighteen months of war one of the great powers had more men incapacitated for service by venereal disease contracted in the mobilization camps than in all the fighting on the front."

Allow one more quotation, and this from Prof. Alber Neisser in the *Frankfurter Zeitung* in January, 1915: "Thousands upon thousands are withdrawn from the fighting (German) army for weeks. But they are not only missed as fighters, they also cause expense and great obstruction through their transportation back home, through the necessity of establishing hospitals for thousands who were not wounded by the enemy. They burden the doctors so necessary for the care of the wounded. * * *

"But the very worst part of the venereal diseases is not the diseased condition immediately following infection, but the ailments frequently developing in later years, when the war is long past and the old infection already forgotten, and the transmission of the disease to the family after the return of the troops to their homes."

In order to impress upon you the great importance of this matter to our own interests in the present war, I would ask you to comprehend fully the significance of the accompanying diagram which shows, in brief, that the computed annual rate per 1,000 in the Regular Army, the National Guard and the National Army, based on reports to the Surgeon-General for the twelve week period, Sept. 21 to Dec. 7, 1917, was 121.9 for venereal disease, and 25.7 for other communicable diseases, including pneumonia, dysentery, typhoid, paratyphoid, malaria, meningitis and scarlet fever. In other words, venereal disease was almost five times as prevalent in the three combined United States armies as all the other mentioned communicable diseases together.

The United States has the advantage of the other warring nations, however, in being able to learn lessons from their experiences, and it is tackling the problem of the health of the Army as vigorously as other problems. It is not only organizing the medical affairs of the Army and Navy as never before, utilizing in the Medical Reserve Corps many thousands of the best physicians and surgeons of recent civil life, but it is reaching out through the United States Public Health Service into civil government, cooperating and strengthening state,

county and city health departments with, always, one object in view, to keep the soldier in good physical condition. Incidentally, they are directly and indirectly rendering great benefit to those communities in which they are working, especially those communities which harbor tens of thousands of virile soldiers gathered suddenly together under new conditions. This work must be known to be appreciated. To be appreciated it must be met by every citizen with the spirit of cooperation, not only because that cooperation is a patriotic duty, but because it is self-preservation. Thiebierge says that every soldier contracting syphilis may be now considered as representing at least one less soldier and one less father of a family in the years 1936-45. Pautrier, on his estimated figure of 200,000 fresh luetics in the French army, says that this means at least 400,000 stillbirths in the years to come; and we might add that, even if the children did live, a vast proportion of them would be better dead."

We may or we may not be called upon to help with this work in the United States Army, but whether we are or not we still have the problem to deal with in our own communities, for every community has its venereal diseases, and every community needs education and a higher moral tone, and by meeting these needs the doctor can best serve his community both by his teaching and his example.

My own conviction is that the solution of the venereal problem needs to begin early in life. The child, as early as 5 years begins to have a natural curiosity concerning its own origin, and if that mental state is not satisfied in a sane and intelligent manner the child becomes morbid on that particular subject. He soon comes to feel that the subject of sex is not a fit subject to mention in decent society and he has to be content with the information he can receive on the street from vulgar mouths, and from the writings on the walls of public out-houses and secluded places.

I began this paper by calling attention to the two fundamental instincts of all life: self preservation and reproduction. In closing, I wish to call attention to them again, in order to show the inconsistency in our public conscience regarding education.

It is safe to assume that in the development of an ideal race of people, one of the primal instincts is just as important as the other, i. e., the propagation of the race is just as important as its nutrition; yet we spend from twelve to twenty years of our lives getting an education, most of which is devoted to the problem of making a living, or is an education of the self-preservation instinct while the reproduction instinct is veiled in mystery, and we shut

our eyes to the invasion of diseases which are most surely undermining the health and moral stamina of our nation.

In addition, we are debasing one of the essential fundamental instincts into selfish gratification and sensual debauchery, and necessarily are establishing a double standard of morality; a thing to which God can never subscribe and man should never.

What can we do? First of all get interested in the problem and get our fighting clothes on. Help to eradicate the false modesty that lurks around anything pertaining to sex. Talk to our patients in a straightforward, businesslike way about the matter of eliminating and preventing all the preventable diseases, and above all things tell them the truth. Advocate educating the young in a way that will make it possible for them to avoid these calamities, and finally let us cooperate. "In union there is strength." By working together we can accomplish things worth while. Let us cooperate with each other and let us cooperate with the state and county officials. We are asked to report tuberculosis and venereal diseases. A very simple thing to do and an easy thing to neglect. Let us join hands with these men over us and with each other in a mighty effort to stamp out the blights on the human race.

PHTHISIOGENESIS AND ITS RELATION TO THE CLASSIFICATION OF PULMONARY TUBERCULOSIS *

W. A. GEKLER, M.D.
TERRE HAUTE

The frequent expressions of dissatisfaction with our present classification of intrathoracic tuberculosis are sufficient evidence that the classification in use at present needs revision. It has resulted from and in a mistaken conception of tuberculosis in its different manifestations. A satisfactory classification must take into consideration the genesis, pathology and symptomatology of the disease. It must be broad enough to cover all the forms of the disease and yet be accurate. A review of the genesis and pathology of the different forms of intrathoracic tuberculosis will establish a classification which, I believe, will meet the objections to the one now in use.

The earliest form of intrathoracic tuberculosis encountered clinically is the bronchial gland tuberculosis in children. This is the tuberculosis of the regional glands, following a primary

* Read before the Indiana State Medical Association at the Evansville session, September, 1917.

pulmonary inoculation. This regional gland involvement is a regular occurrence, as Cornet demonstrated in the animal experiment and as Ghon showed in his work on the tuberculosis of children. The symptoms are caused by the absorption of toxins from the diseased glands, and, to a slight degree, by the local irritation of the trachea and bronchi. The cardinal symptoms of this condition are unstable temperature and pulse and a flat or descending weight curve. A positive D'Espin sign and the roentgenogram make the diagnosis certain.

In adults bronchial gland tuberculosis is met with practically the same symptoms as in childhood. The physical examination is quite often negative and cannot be relied on for making a diagnosis. The radiographic findings are quite distinctive. It is not possible to make a certain diagnosis of this condition in adults without the help of the x-ray.

The result of this primary inoculation with its subsequent bronchial gland tuberculosis is a change in the reaction of the body towards the tubercle bacillus and its products. This may be called hypersensitiveness, allergy or relative immunity. The result of this change is that later contact with tubercle bacilli or their products is followed by a greatly accelerated and usually violent reaction. This is best illustrated by the different forms of tuberculin reaction. This relative immunity is sufficient to protect an individual against a second infection under ordinary conditions. A reinfection with a tremendous dose of tubercle bacilli may result in a tuberculous process, which will have a tendency to break down more or less rapidly.

Such a process takes place in individuals who break down with pulmonary consumption. The source of the bacilli is a tuberculous bronchial gland, which ruptures into a bronchus. It is an intra-alveolar pneumonic process with a marked tendency to destruction of lung tissue. Its first clinical manifestation may be a comparatively slight lesion or may be a lesion sufficient in extent to be classified as moderately advanced, or even far advanced, according to the classification now in use. The extent of the lesion is determined in part, at least, by the number of bacilli aspirated and the size of the region into which they are aspirated. The large number of moderately advanced cases encountered in practice as well as in sanatoria indicate that this is the type of lesion most often produced regardless of how early in the course of the disease one may have seen the patient. Pulmonary consumption does not necessarily begin at the apex as a slight lesion, which would be classed as incipient, and then slowly spread through the remaining lung tissue. The evi-

dence is accumulating that the apices are by no means the usual seat of the earliest involvement. In view of the fact that many patients with advanced and even far advanced consumption have never passed through the so-called incipient stage, it will be seen that it is wrong to criticize the medical profession for not diagnosing more incipient cases. It seems to me that the terminology, incipient, moderately advanced, and far advanced is unfortunate, unscientific and misleading when applied to pulmonary consumption.

Besides pulmonary consumption, we have the interstitial type of tuberculosis, which anatomically is a lymphangitis tuberculosa caused by the spreading of the disease from the bronchial glands towards the periphery of the lung along the lymph channels. The radiographers term this peribronchial tuberculosis. It is a definite clinical entity and the real incipient tuberculosis which is described in textbooks. It is a rather uncommon condition, however, and as a rule has a good prognosis. The symptoms are usually mild and are mainly constitutional; that is, unstable temperature and pulse and loss of weight.

Idiopathic pleurisy and pleural tuberculosis are caused by bronchogenic metastases from ruptured bronchial glands or some pre-existing pulmonary focus.

Pulmonary miliary tuberculosis is most often part of a general fatal miliary tuberculosis, and is a hemogenous metastasis most often from the bronchial gland focus.

The following scheme of classification will, I believe, cover the different types of tuberculosis and indicate the pathology and the symptomatology:

Pathology	Symptomatology	Extent or Amount of Involvement
Bronchial Gland Tuberculosis	(a) Mild (b) Moderately severe	(a) Limited (b) Moderately extensive
Phthisis Pulmonalis	(c) Very severe (a) Mild (b) Moderately severe	(c) Very extensive (a) Limited (b) Moderately extensive
Interstitial Tuberculosis	(c) Very severe (a) Mild (b) Moderately severe	(c) Very extensive (a) Limited (b) Moderately extensive
Pleural Tuberculosis	(c) Very severe (a) Mild (b) Moderately severe	(c) Very extensive
Miliary Tuberculosis	(c) Very severe	

In conclusion, special stress should be laid on the diagnosis of bronchial gland tuberculosis, which is a "preconsumptive" condition. The prognosis of pulmonary consumption is a bad one, and our only hope in treating tuberculosis lies in detecting the condition before consumption has developed.

THE JOURNAL

OF THE

INDIANA STATE MEDICAL ASSOCIATION

Devoted to the Interests of the Medical Profession of Indiana

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EDITORIALS

DOCTOR, WHY HANG BACK?

In spite of the recruiting rallies held throughout the state, the repeated appeals made through the press and by representatives of the Surgeon-General's department, pointing out the urgent need for more men in the Medical Officers' Reserve Corps, it is an undoubted fact that numbers of the younger Indiana doctors are holding back. In many cases these men are not intentionally unpatriotic and yet their continued lack of response to the call of the government cannot fail to shortly bring upon them the hated term of slacker.

We regret to admit that there is still another class of doctors in Indiana, although we are confident that it constitutes a very small minority—that class which intends to reap as long as possible the golden harvest left ripe for them by the departure for France of their patriotic associates. One member of the medical association openly stated that he intended to hang on as long as possible "while the pickings are so good." Others like him may lack the audacity to admit such despicable cupidity.

There are cases where the enlistment of a younger physician would leave a certain territory unprotected and for the present, at least, that doctor should remain at his post until the needs of the civilian population can be taken care of. Every doctor in his own heart knows whether or not it is his duty to apply for a commission and while he may swell his bank account for the time being by remaining at home, there surely will be a day of reckoning when the others come back from the front.

The older doctors—those from 45 to 55 years old, inside the age limit for active service—have shown a fine spirit in offering their services and the government will have a place for them. At present, however, the call comes for those between the ages of 31 and 45, whose physical condition can withstand the rigors of army life abroad.

A state committee has been appointed to classify the doctors of every county to determine which ones should go first. They will be listed in something like the following groups:

Class A—Unmarried doctors.

Class B—Married but with no children.

Class C—Doctors having dependents whose income is insufficient.

Class D—Doctors physically unfit or more than 55 years old.

The majority of doctors welcome this classification and trust that the committee's findings will be speedily made public.

THE RED CROSS YIELDS TO THE ANTIVIVISECTIONISTS

As a sequel to the controversy started by the antivivisectionists concerning the appropriation of \$100,000 for medical research work by our military men in France, and the objections to the appropriation because it partly involved some of the expense incident to experimentation upon animals, we now learn through the daily press that the plea of the antivivisectionists will be given favorable consideration inasmuch as "the Red Cross war council does not wish their acts to be considered in conflict with the sincere convictions of Red Cross members." Consistency, thou art a jewel! It is quite possible that a majority of the contributors to the Red Cross are favorable to the appropriation, even though every cent of it were used in animal experimentation with the very humane and vital purpose in view of discovering or perfecting means of preventing or curing some of the sickness of our soldiers. Furthermore, it is quite possible that members of the medical profession who have contributed to the Red Cross far outnumber the antivivisectionists who also have contributed to that worthy cause, and if the managers of the Red Cross are so keen about "not wishing their acts to be considered in conflict with the sincere convictions of Red Cross members," why don't they pay as much attention to the wishes of some others as to the wishes of the antivivisectionists. It may not be amiss to remind the managers of the Red Cross that the medical men are making as many sacrifices for the Red Cross and are as generally subscribing money for that enterprise as the members of any other class, and their opinion and their feelings also are worthy of respect. In fact, medical men are putting forth their best endeavors to protect and save the lives of our soldiers, whereas the antivivi-

sectionists are a bunch of fanatics who never yet have been able to successfully sustain their cause in the minds of rational people when confronted with the facts that prove the fallacy of their position. Almost invariably they resort to gross exaggeration when pleading their cause, and this has been the case in their controversy over the Red Cross appropriation for medical research work. In reality, what the antivivisectionists say is that the lives of a few dogs, guinea-pigs and rats are worth more than the lives of soldiers.

However, in this controversy concerning the uses to which Red Cross money is to be put, the members of the medical profession have as much right to be heard as the antivivisectionists; and, furthermore, every medical man who hereafter contributes to the Red Cross should make his contribution on the specific condition that it shall be used for medical research work, including animal experimentation if urgently needed for that purpose, and under no consideration shall the contribution be withheld from such purpose. That will give the Red Cross managers an opportunity to meet one of the most necessary requirements for which the Red Cross was organized.

WAR SACRIFICES

Already many of the medical men who are in military service are beginning to complain about the difficulties encountered in meeting expenses out of the limited income derived from service. Not a few of these men have left relatively large practices upon which they depended to keep up running expenses and perhaps pay off indebtedness upon homes. Such men find it a real hardship to continue in the service indefinitely with a knowledge that great financial sacrifices are the inevitable result. However, this is a time for sacrifices, and whether the members of the medical profession are imbued with the proper spirit of patriotism or not, stern necessity demands that each and every one shall do his part. A part of the burden of sacrifice falls to the members of the medical profession who are not in military service, and we question if they are now doing their full share.

The very fact that many of the doctors who because of age or physical unfitness will not enter military service are not buying liberty bonds and war savings certificates to the full limit of their ability is strong presumptive evidence that they are not doing all that they should do in helping the cause. Another evidence which ap-

peals directly to us is the fact that so many men have either objected to or neglected to share their prosperity with brother physicians who are wearing the uniform of Uncle Sam. We refer to the tacit understanding that one-third of the income derived from former patients of the medical men in military service is to be turned over to the medical men in service or their families. There is another little matter which seems small, but the principle of which is far reaching, and that is the question of men at home paying the medical society dues of those who are in service. We have mentioned this subject in previous numbers of *THE JOURNAL*, and are really surprised to note that a few county medical societies in the state of Indiana have not only failed to pay the dues of their absent members, but in one or two instances have even offered objection to such policy.

This is no time for slackers or for slacker movements, and medical men might as well realize first as last that it is absolutely necessary for them to get into the class of helpers before it is too late and lasting disgrace is the penalty for their inactivity and selfishness. There isn't a single doctor out of military service who is not profiting in consequence of the absence of so many of his confrères, and it is nothing short of criminal selfishness for such men to refrain from contributing to the full limit to the war cause. If circumstances absolutely prevent his accepting military duty, then he should buy liberty bonds and war savings certificates to the full limit, contribute liberally to the Red Cross, the Y. M. C. A. and other war enterprises, and last but not least share his increased earnings with those of his confrères whose absence has made it possible for increased financial gains. The medical man who does not do this may, to use a slang phrase, "get away with it" for the time being, but there will come a day of reckoning. We, therefore, urge every man to do his part voluntarily and ungrudgingly, and without the necessity of being forced to do so through "strong arm methods" that eventually will come and prove exceedingly embarrassing and unpleasant.

PATIENCE REQUIRED

To those members who have made application for a commission in the Medical Officers Reserve Corps through the executive secretary's office, and, after receiving the formal blank, were told that they would be notified as to the movements of a traveling board, we beg to state that the need for medical men is every

bit as urgent as it has been continually represented, but that the rush of examining recruits and the shifts made in the medical staffs of the various camps have prevented prompt compliance with our requests on the part of the Government.

The Surgeon-General of the Army had authorized the dispatch of an examining board from Camp Taylor to five towns in Indiana. The Eighty-Fourth Division, however, has moved to Camp Sherman, Ohio, so that it may be necessary to begin negotiations all over again through the division surgeon. The Government plans to appoint a number of examiners in the larger cities to relieve the overworked staff at Fort Benjamin Harrison.

Although it seems at times that our earnest efforts to fill Indiana's quota in the Medical Reserve Corps have not been adequately seconded by the Government, we must remember that the demands of the war have greatly taxed the Surgeon-General's department, and we must not permit ourselves to fall into the habit of perhaps too ready criticism. If he wishes to exhibit the finest brand of patriotism in connection with his application for a commission in the M. O. R. C., let every doctor present himself, with his credentials, at Fort Harrison on Tuesdays or Thursdays for his physical and professional examination.

WILL YOU ENLIST? YOUR STATUS IS KNOWN

The classification committee appointed by Dr. J. R. Eastman, chairman of the Indiana Committee, Medical Section, Council of National Defense, to determine the obligation of every doctor in the state to apply for a commission in the Medical Officers' Reserve Corps, expects to complete its work by the last of this month. The committee consists of five members who are being assisted by associated members in each county.

In fixing the responsibilities that rest on each man, the committee is gathering data on the doctor's financial standing, physical condition, dependents, standing in the community and value to the community as regards public institutions, etc. This information, of course, will be strictly confidential.

The committee is making a special appeal to doctor's between the ages of 31 and 45 to enlist before July 1, the date on which the Government will close its drive for 5,000 additional doctors. In order that Indiana may rank near the top instead of only a few places from the bottom, it is necessary that more physicians

offer their services. Even at this late date, a number of physicians with no excuse for remaining out of the service still go about making statements that they are ready to go "when the Surgeon-General needs me." That time is right now, and any doctor who continues making such a statement can be branded as a slacker, pure and simple.

Doctors planning to make application for a commission should not await the appointment of a traveling examining board, but should forward their blanks and credentials to the office of the Surgeon-General, U. S. Army, Washington, D. C., or else apply in person at Fort Harrison. Blanks and information will be supplied by the Executive Secretary, 314 Hume-Mansur Building, Indianapolis.

The classification committee will divide doctors into the following groups:

Class A—Unmarried doctors.

Class B—Married, but with no children.

Class C—Doctors having dependents whose income is insufficient.

Class D—Doctors physically unfit, or more than 55 years old.

Although the name of no doctor will be published, the classification will show plainly that the committee believes the doctor who knows he should be in the service and who knows his community knows it, will find himself in a decidedly uncomfortable position.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

INDIANA doctors will be pleased to learn that Dr. W. N. Wishard of Indianapolis has been elected First Vice-President of the American Medical Association. Dr. Wishard not only deserves the honor, but will do credit to himself, the Indiana profession and the Association that has chosen him as one of its officers.

THE next session of the A. M. A. will be held in Atlantic City. Dr. Alexander Lambert of New York City was chosen president of the Association.

REFERRING further to the necessity for medical officers conforming with the regulation of securing authority from the Surgeon-General's Office, Washington, D. C., before publishing professional papers, attention is now called to that portion of the memorandum for Division Surgeons which makes it necessary to submit professional papers to said office in duplicate.

MEDICAL journals that are accepting the Aspirin (Bayer) advertising must feel a little cheap when they know that the New York Tribune is refusing the Aspirin copy, presumably in adherence to its policy of accepting nothing but honest advertising. Perhaps we may expect even medical journals to have as high a standard of ethics as many of the leading daily papers in the acceptance of medical advertising!

AT the recent conference of health officers held at Indianapolis May 29, 1918, the following resolution was adopted unanimously:

WHEREAS, We are engaged in the greatest war in history, and

WHEREAS, We see the need of conserving our man power both in civil life and in the Army;

Therefore, as a war measure to better conserve the health and integrity of our people, we recognize the need of better organization, and to that end place ourselves on record as favoring the compulsory employment of whole-time health commissioners and compulsory health supervision of schools. And we most respectfully request the next session of our state legislature to enact laws with sufficient money appropriation to meet these urgent needs.

It is well for those medical men who enter military service to understand that they can take out Uncle Sam's insurance in any amount from \$1,000 to \$10,000. The insurance is not lost after leaving the service, though it must be changed to another form within five years after the close of the war in order to continue it beyond that time. The monthly premium on each \$1,000 of insurance varies from 63c at the age of 15 to \$3.35 at the age of 65. Between the ages of 21 and 35 the monthly premium ranges from 65 cents to 75 cents per \$1,000 of insurance. The insurance covers total and permanent disablement as well as death.

ADMISSION of women physicians to the Medical Reserve Corps of the Army on equal terms with men is up for decision at the present time, with petitions to the President of the United States, Secretary of War, and Surgeon-General of the Army. There is no question but that scientific attainment and good work should be recognized, irrespective of sex, and while it may be true, as urged by some, that there are many war situations in which women physicians could not serve as well as men, yet on the whole women physicians, when qualified, can render as good service as physicians of the male sex, and there is no logical reason why they should not, therefore, be given the same rank.

FROM the manner in which the Committee on National Defense is going at the matter of securing enlistments in the Medical Reserve Corps it is quite evident that before long there is going to be published a list of slackers in the medical profession. In fact, word already has gone out to the effect that the members of the medical profession shall be classified and the classification published. This is equivalent to conscription, and is what should have been done in the beginning. Volunteer service is all right when only a few men are needed, but when a large army of physicians is required the only fair way to secure such an army is by conscription.

FOR the benefit of those who have made inquiry concerning the salary of medical officers, we quote the following from circulars received from the Surgeon-General's office:

The salary of officers is as follows: First lieutenant, \$2,000 a year and allowance for quarters, fuel and light; captain, \$2,400 a year and allowance for quarters, fuel and light; major, \$3,000 a year and allowance for quarters, fuel and light. The allowance for quarters is, respectively, \$36, \$48 and \$60 per month, and is allowed only to officers who have dependents. The allowance for fuel and light varies according to tables published by the Comptroller's department. Officers are not furnished with food the average cost of mess varying from 75 cents to \$1.25 per day.

WHILE many Indiana doctors are engaged in war work of one kind or another, it should be remembered that the Indiana members of the National Medical Council for Defense and the members of the Indiana State Medical Council for Defense are unselfishly devoting an immense amount of their time and no little talent to the work that has been assumed or

has been delegated to them in aiding in the preparation for and conduct of the war. They are not doing their work with a blare of trumpets to herald it, but are quietly and efficiently doing a service that is of inestimable value to the cause.

THE Chicago session of the A. M. A. was one of the most interesting as well as most important in the history of the Association. This was largely due to the military and patriotic character of the proceedings. The American medical profession is playing a leading part in the world war, and to the American Medical Association, with its far-reaching influence, activity and efficiency, will fall a lion's share of the credit for promoting and giving unstinted aid to the numerous and varied projects that have as their end the wonderful results that are being attained in protecting and safeguarding the lives and health of our soldiers and sailors.

THE annual session of the Indiana State Medical Association will be held at Indianapolis in September. In all probability the attendance will be smaller than usual owing to the fact that so many members of the Association are in military service. However, it is hoped that a good program will be presented, even though the section programs are abandoned. Those members of the Association who remain at home are in a sense the representatives of those who are in military service, and it becomes a duty to maintain the reputation of the Association for progressiveness and for that patriotic endeavor which should guide every right-thinking physician in this time of stress. The Association should go on record as favoring all means and measures which will bring the present war to a victorious end, and those members of the Association who for one cause or another are not in military service should be willing to make such sacrifices as are necessary in helping to equalize the sacrifices that have been made by those who have left their practices and their families to serve their country.

FOLLOWING the publication of Indiana's "Honor Roll" in the May number of THE JOURNAL, we received a letter from Dr. H. J. Pierce of Terre Haute, calling attention to the fact that in the Honor Roll he is listed as "Rejected, M. R. C.," whereas he has received his commission and is awaiting the call for service in his special line, that of X-ray work. Also, Dr. T. C. Louks, of Terre Haute, calls attention to the fact that his name does not appear at all when as a matter of fact he made application

for immediate service in France, presented himself for examination at the Post Hospital at Fort Benjamin Harrison on Nov. 26, 1917, where he was rejected as "physically unfit." There may be other errors of this kind, and THE JOURNAL, as also the Indiana State Council of Defense, who compiled this list, will be very glad to be advised concerning same in order that the list may be kept as near correct as possible. Every man who has enlisted or attempted to enlist and been rejected for one cause or another, deserves such honorable publicity as the action merits.

THE efforts of politician to secure exemptions from military service for the sons of prominent constituents is getting to be something scandalous. If there is any one place where politics and with it favoritism should have no place it is in the granting of exemptions from military service. It is bad enough for conscription boards to be bothered with the importunities and the petty deceits of relatives of conscripts who desire to secure exemptions for their sons, but it is infinitely worse to contend with the wiles of the politician who generally is a lawyer and who uses all of the tricks of the legal fraternity to gain his point. Fortunately the majority if not all of our conscription boards have been conscientious in the performance of an unpleasant duty, and not a few politicians have been severely and justly rebuked for their attempted interference with the full and fair operation of the conscription law. It would be no more than a fitting punishment if some of the more zealous of the political obstructionists to the draft were publicly exposed and fined by federal courts.

ALREADY our boys on the battle fields of France are beginning to prove to the world that as soldiers they are unsurpassed in courage, resourcefulness, determination and tenacity. While intensive training is an essential to the making of a good soldier, yet there is something else which makes for the highest efficiency, and perhaps America's "melting pot," where the sons of so many nations have found a home, is responsible for so many of the traits which make Uncle Sam's soldiers wonderful fighting men, though in our analysis of good qualities we must not overlook the fact that the cause we are fighting for makes our soldiers put forth their best efforts. It will not be necessary to drug the American soldier in order to make him go into battle with that reckless abandon which characterizes some of the opposing foes, nor will it be necessary to drive him into

battle at the point of the bayonet, as we are told is the case with some of the German regiments; the United States soldier fights because he not only is a good fighter, but he realizes that he is fighting for a just cause.

INDIANA has not supplied its quota of medical men for military service. In fact, Indiana is one of the tail-enders among states that are asked to furnish medical recruits. Such a record, we regret to admit, looks very much as though we have an overabundance of slackers among doctors. As a matter of fact, the slacker doctors are more prevalent in some communities than others, for there are some cities and towns that have sent more than their quota and depleted the medical ranks to the point where the civilian population is suffering for want of doctors. All of which brings up the idea that has been advanced and which we have maintained, that the medical men needed in military service should have been drafted, and each community required to furnish its due proportion. It is hoped, therefore, that the movement to legally require all medical men between the ages of 21 and 55 to join the Medical Reserve Corps may be carried out. It will then be possible to grant exemptions or to make assignments that are in keeping with the qualifications and circumstances surrounding each individual case.

It is well for the doctors of Indiana to pay particular attention to the following rules, passed by the Indiana State Board of Health Feb. 27, 1918:

RULE I.—On and after April 1, 1918, it shall be the duty of every physician in the State of Indiana to report forthwith in writing to the State Board of Health at Indianapolis, on blanks furnished by said Board of Health, the name, address, age, sex, color, marital state, occupation, name of disease and such other related statistical facts as may be required, of every person coming under his examination or care having the following infectious diseases, to wit: Gonorrhea, chancroid, syphilis. All such reports shall be confidential and shall not be inspected by any person other than the official custodian of such reports in the State Board of Health, the members of the State Board of Health, and such other persons as may be authorized by the State Health Commissioner to inspect such reports; nor shall any official having access to such reports disclose the name or identity of any person named therein.

RULE II.—Whenever a physician shall report in writing to the State Board of Health that a person afflicted with gonorrhea, chancroid or syphilis whom he has treated or examined on and after April 1, 1918, cannot properly and

sufficiently be treated at home, he shall communicate such fact to the State Board of Health and make such recommendations as he may deem proper; and when it is possible and in the judgment of the State Health Commissioner it is advisable, the said reported person shall be quarantined and treatment given until such time as the patient may be no longer infectious.

GERMANY may have a record for efficiency established through forty years of preparation, but the United States bids fair to outdo Germany, and in a relatively short space of time. It is fairly amazing to learn that there is scarcely an avenue of investigation concerning the resources of this country that is not being carried on by the Government, and a good portion of this work of determining and making a record of the country's resources began after our entry in the world war. Not only does the Government obtain an inventory of the products of the country, but it also is obtaining an inventory of the human forces and the adaptability of those forces for the common good. As an evidence of this the registration of every woman over 18 years of age in the United States, with a record as to her physical condition, education and training, and a statement from her as to what service she can perform for the Government and when she can do it, is going to be of great importance in the general scheme of compelling every person to do his or her bit in this great struggle for the salvation of the world. It is not the intention of this Government to tolerate drones, either male or female, and for the first time in all history every person, of whatever sex, color, or nationality, who resides within the jurisdiction of the United States will be obliged to engage in some useful occupation, and to carry out the righteous idea that he or she owes something to the world rather than the world owes something to him or her. In this scheme of putting everyone to work for the general cause, the medical profession does not escape, and already each doctor, whether he knows it or not, has been included in a list of the medical men of the country, and it will not be long before each and every one will be asked to perform some duty in connection with the common cause, the work assigned being in accordance with general fitness for the work at hand. Verily this world war will revolutionize the whole industrial and social fabric of our country, and not the least of the changes will be that which compels every person to realize his responsibility to society as a whole. No one will be nor should he be permitted to live unto himself alone, caring only for his own prosperity, convenience, and comfort.

DEATHS

MICHAEL J. McTURNAN, M.D., Rigdon, died May 20, aged 79 years.

JOHN THOMAS SMITH, M.D., of Hosmer, Pike county, died May 16, aged 84 years.

S. K. CHRISTY, M.D., formerly of Decatur, died May 8 at his home in Willshire, Ohio.

SARAH CATTERSON, wife of Dr. W. E. Catterson of Noblesville, died recently, aged 50 years.

JULIA R. LATTI, 80 years old, widow of Dr. M. M. Latta, a pioneer Goshen physician, died recently in Chicago.

ELIJAH H. GREGG, M.D., of Muncie, died April 26, aged 61 years. Dr. Gregg graduated from the American Eclectic College of Cincinnati in 1887.

JOSEPH J. EVANS, M.D., died May 16 at his home in Winchester, aged 78 years. Dr. Evans served Randolph county as coroner eight successive terms.

NEWTON J. CLYMER, M.D., Rochester, pioneer Fulton county physician, died May 22, aged 81 years. Dr. Clymer graduated from the Eclectic Medical College, Cincinnati, in 1879.

DAVID B. SNODGRASS, M.D., Marion, died May 11, aged 82 years. Dr. Snodgrass was reported the oldest practicing physician in Grant county. He graduated from the Physio-Medical College, Cincinnati, in 1878.

JOHN A. WALLS, M.D., Richmond, died at his home May 12 following a paralytic stroke, aged 69 years. Dr. Walls graduated from the Physio-Medical College of Indiana in 1884, and had resided at Richmond forty years.

LUKE H. KELLY, M.D., dean of the medical profession of Hammond, died May 16 at St. Margaret's Hospital following an illness of more than a year. Dr. Kelly was born in Iowa, 48 years ago, attended Valparaiso University, University of Michigan, and graduated from the University of Illinois College of Medicine in 1899. Dr. Kelly was a member of the board of St. Margaret's Hospital, Hammond; member of the Lake County Medical Society, the Indiana State Medical Association, and Fellow of the American Medical Association.

ROBERT R. HOPKINS, M.D., Richmond, died June 30, aged 74 years. Dr. Hopkins entered Cincinnati College of Medicine in 1859, served in the civil war, and completed his medical course after the close of the war. He located at Richmond in 1884. He was a member of the Wayne County Medical Society and the Indiana State Medical Association.

CHARLES W. SMITH, M.D., of Muncie, died May 6, aged 60 years, death being due to Bright's disease. Dr. Smith was born in Cincinnati in 1858, graduated from the Cincinnati High School, Delaware College, and Cincinnati Medical College, locating at Muncie at once for the practice of medicine. At the time of his death he was serving his county as health officer.

RICHARD H. SMITH, M.D., Kokomo, aged 72 years, died May 30 of uremic poisoning. Dr. Smith graduated from the Medical School of Indiana in 1880, and practiced medicine at Kokomo for many years. He served Howard county as coroner for a number of consecutive terms. He was a member of the Howard County Medical Society and the Indiana State Medical Association.

CARL VIEHE, M.D., Evansville, died May 16 in San Francisco, Calif., enroute home from touring Hawaii. Death followed an ear trouble which terminated in spinal meningitis. Dr. Viehe was born in Kentucky in 1869, graduated from the New York Homeopathic Medical College in 1895, and had practiced medicine in Evansville a number of years. He was a member of the Vanderburgh County Medical Society, the Indiana State Medical Association and the American Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

INDIANAPOLIS

RUMORS of the serious illness of Capt. Lafayette Page of Indianapolis, on the staff of Base Hospital Unit No. 32, have been officially denied in a cablegram received from Major Edmund D. Clark, chief surgeon of the unit. It is not known where the rumors started, but they were so widely circulated that Major Clark felt called upon to deny them.

DR. E. E. PADGETT of Indianapolis, addressed the Dearborn-Ohio Society at Aurora on May 28 on "The Use of Iodine Fumes in the Treatment of Surface Infections." Dr. Padgett also outlined to the doctors the need for more men in the Medical Reserve Corps.

MAYOR WILLIAM J. BLACK of Anderson on June 1 asked all the members of the City Board of Health, including Dr. J. A. Long and Dr. W. A. Boyden, for their resignations. On the new board Dr. Long was reappointed secretary and Dr. O. E. McWilliams was named as his associate.

DR. FRANK B. WYNN and Dr. O. G. Pfaff, members of the Indiana committee of the medical section of the Council of National Defense, have rendered loyal and efficient service in addressing patriotic rallies of doctors over the state. Among their recent engagements were addresses by Dr. Wynn before the Howard County Medical Society at Kokomo on May 22, and by Dr. Pfaff before the Tipton County Society at Tipton, and the Hendricks County Society at Danville on May 24.

DR. S. F. EARP, chairman of Medical Advisory Board No. 1, Indianapolis, has perfected a plan whereby the city's selective draft men will be sent to the training camps with their teeth in good condition. Defective teeth will be corrected without cost to the men. Dr. M. N. House and Dr. J. V. Howard are to make the examinations and other Indianapolis dentists will do the work of repairing the defective teeth. A fund for the purpose has been set aside, according to Dr. Earp. The board has passed on 1,560 cases during the last three months.

THE REV. PHILLIP L. FRICK, pastor of the Meridian Street M. E. Church, delivered the principal address at the graduating exercises of the twenty-two nurses at the Methodist Hospital. Dr. C. S. Woods presented the diplomas. The following young women composed the graduating class: Arabelle Harmon, Mary Katherine Mertz, Verna Prather, Mary Parke Chadwick, Glee Bown, Velma Sue Hanks, Maud Margaret Troyer, Martha G. Earl, Lennie Gertrude Priest, Emma Kate Rothenberger, Mary Phimelia Rhoads, Fern Carolyn VanDyke, Margaret L. Coffey, Mary Elma Thompson, Gladys Singleton, Esther Benica, Ethel Hodson, Ruth Bartlow, Freda Ayres, Viola Fredrick, Iva Harting and Hazel Reasoner.

MOST of the seniors of the Indiana University School of Medicine either will at once enter the medical department of the navy or be held in reserve for the Army Medical Corps to begin active duty as soon as they complete their internship either at local hospitals or in the east. For this reason the State Board of Medical Registration and Examination advanced its annual examination date so that the tests for state licenses began immediately following commencement, June 12. Fourteen men of the graduating class enter the navy at once. They are as follows: Robert F. Luehl, Frank M. Gastineau, Herbert G. Hughes, Francis M. Williams, all of Indianapolis, James M. Bergman of Lafayette, Olen E. Eicher of Wakarusa, Thomas C. Eley of Plymouth, John K. Leasure of Auburn, Byron N. Lingeman of Brownsburg, William Moore of French Lick, Harry E. Murphy of Morgantown, Claude E. Smith of Pendleton, Gordon A. Thomas of Greencastle, and John M. Whitehead of Winslow. Their ordinary internship will be waived by the Navy Department, and the interns will receive special work of that sort in the navy itself. The sixteen men who are enlisted in the Medical Corps and will report for duty at the end of their internship or on emergency call are: Everett M. Aikman, Robert J. Masters, William T. Miller, Cecil L. Rudesill, all of Indianapolis; Leonard P. Gill of Pekin, Harold P. Graessle of Seymour, Robert B. House of Sellersburg, Nixon Ray Lawhead of Auburn, Wendell D. Little of Whitestown, Maurice C. McKain of Brownstown, William R. Morrison of Thorntown, James O. Ritchey of Rossville, Claude A. Robison of Sedalia, Salee C. Summers of Smith Grove, Ky.; James Thom of Waverley, and Lester W. Veach of Staunton. Ernest Rupel of Geneva, another senior, has received a commission as lieutenant in the Medical Officers' Reserve Corps. Others who graduated are Orfila L. Stevens, who received the honorary alumnus degree; George R. Gates, Ernest A. Hershey, all of Indianapolis; James S. Noblett of Valeene, and Charles A. Weller of Dale. Four who were graduated last June and since have been doing post-graduate work under direction of a faculty member, were awarded the degree, doctor of medicine with distinction. They are Harry L. Foreman of Indianapolis, whose thesis, "Final Results Following Operation in Forty-five Cases of Disease of the Breast," was worked out from his graduate residence at the Robert W. Long Hospital; Reuben A. Solomon of Indianapolis, "A Study of Sixty-Six Cases of Disease of the Biliary Passages," Long Hospital; Lyman Obershimer

of Sunmitville, "Report on Diseases of the Thyroid Gland," Long Hospital; Guthrie H. Wisener of Farmersburg, "Blood Transfusion in Hemophilia," Indianapolis City Hospital. In addition to the doctors, the school graduated ten nurses from the Robert W. Long Hospital. All of them have already volunteered for work with the Red Cross and are waiting call for duty. They took their examination from the state board of nurses' registration and examination. They are June I. Cloud and Flora M. Ruth of Indianapolis, Rhue Dill Caster of Portland, Eula G. Christian of Greensburg, Cora M. Kramer of Linton and Jessie J. Pearce of Rushville.

Heretofore graduating classes have gone by special train to Bloomington to receive their diplomas, but this year, owing to war conditions, they left over the regular Illinois Central train at 6:40, June 12, arriving in time for the commencement exercises in the campus open-air amphitheater at 10 o'clock in the forenoon. Theodore Roosevelt was scheduled to make the commencement address.

GENERAL

DR. HARRY J. WEIL has returned from a visit in Chicago.

DR. J. A. GARRETTSON has combined his two offices and is now located at 401 Hume-Mansur Building.

DR. J. C. GLASS, formerly of Millhausen, has removed to Greensburg for the practice of his profession.

DR. JOHN S. MCPHEETERS, aged physician of Hardinsburg, has been reported in a very critical condition.

DR. J. W. VAN SANDT of Carbon, on trial for the murder of Grover C. Jackson, was freed on the first ballot.

DR. C. V. SMITH of Tipton, now in military service, has arrived safely in France, according to messages received.

DR. W. J. NORTON of Hope has enlisted in the Medical Reserve Corps and is awaiting orders for active service.

DR. JOHN LOOMIS of Jeffersonville celebrated his ninety-eighth birthday anniversary on May 18 with a family gathering.

DR. R. E. BARROWS of Mishawaka, in government service, has been placed in charge of the marine hospital at Cairo, Ill.

DR. JOHN WEBER, interne at the Wabash Employees' Hospital, Peru, was married recently to Miss Margaret Cassel.

DR. O. G. PFAFF of Indianapolis attended a meeting of the National Council of Defense held at Washington, D. C., May 4 and 5.

DR. CHAS. E. BARNETT of Fort Wayne, attended a meeting of the Council of National Defense at Washington, D. C., May 4 and 5.

DR. B. F. WRAY of Camden, in the Medical Reserve Corps, has arrived safely in France, according to cablegram received by Mrs. Wray.

DR. ROBERT SORY, of Madison, has been ordered to Camp Crane, Allentown, Pa., where he has been assigned to duty in base hospital No. 68.

DR. BEN PENCE of Columbia City, first lieutenant in the Medical Reserve Corps, has arrived safely overseas, according to messages received.

DR. D. S. ADAMS, of Beech Grove, is taking special work in ear, nose and throat diseases and surgery in Chicago. He will return in August.

DR. ALEXIS CARREL of the Rockefeller Institute, has been promoted by the French government to the rank of Commander of the Legion of Honor.

DR. PAUL R. TINDALL of Greensburg, has been commissioned as first lieutenant in the M. R. C., and is located at Fort Oglethorpe, Ga., for training.

DR. L. M. REAGON, of Tipton, commissioned as captain in the Medical Reserve Corps, reported at Camp Greenleaf, Oglethorpe, Ga., on May 18 for active duty.

DR. J. N. MCCOY of Vincennes, now at West Point, Ky., the artillery range adjacent to Camp Taylor, has been promoted to the rank of major in the Medical Reserve Corps.

DR. G. J. MARTZ of St. Paul is removing to Indianapolis for the practice of his profession, his work at St. Paul being taken over by Dr. V. L. Hodges, formerly of Shelbyville.

DR. L. P. V. WILLIAMS of Whiteland has received his commission as captain in the Medical Reserve Corps. He probably will be assigned to duty here in the United States.

DR. CHARLES E. STONE, vice-president of the Indiana State Medical Association, 1914-15, formerly of Shoals, has located in Vincennes for the practice of medicine and surgery.

THE Indianapolis Medical Society has paid the dues of sixty-one additional members now in military service. Some of the other county medical societies should follow the example.

DR. D. W. LAYMAN of Indianapolis went to Atlantic City May 25th to attend the meeting of the American Otological and American Rhinological Societies to be held there May 29.

DR. R. F. BANISTER of Washington, with commission of first lieutenant in the Medical Reserve Corps, left June 2 for Camp Dodge, Iowa, where he was ordered to report for duty.

DR. FRANKLIN T. WILCOX of LaPorte, commissioned as captain in the Medical Reserve Corps, reported, in accordance with orders, at Rockefeller Institute, New York City, on June 1.

DR. C. C. CAMPBELL of Harrodsburg, who enlisted a year ago in the Medical Reserve Corps, with commission as first lieutenant, has been twice promoted, now having the rank of major.

IT is announced that the report to the effect that Capt. Lafayette Page of Indianapolis, with Base Hospital No. 32 in France, is seriously ill, having broken down under the strain of his work, is untrue.

DR. PAUL R. TINDALL of Greensburg, left May 11 for Fort Oglethorpe, Ga. Previous to Dr. Tindall's departure Dr. I. M. Sanders entertained the physicians of Greensburg at a dinner in his honor.

THE Indiana University School of Medicine will continue, without a vacation, throughout the year, owing to the urgent need for physicians at home and overseas. The new term began June 13.

DR. R. P. BLOOD formerly of Hebron has removed to Valparaiso for the practice of his profession. He will still continue to conduct his drug store at Hebron, driving back and forth as necessary.

THE war council of the American Red Cross has made provision for monthly contributions to the American Committee for Armenia and Syrian Relief, aggregating \$1,200,000 for the period ending July 1.

DR. GEORGE F. KEIPER, of Lafayette, has consented to furnish from this state news items for the new *American Journal of Ophthalmology*, and requests that items of interest in this specialty be sent to him.

DR. W. J. BETHELL of Winslow has resigned as a member of the Pike county conscription board because his physical health will not permit him to continue the work. Doctor Bethell is seventy years of age.

DR. A. L. BRAMKAMP of Richmond has received his commission in the Medical Reserve Corps. The commission arrived during his absence while taking a postgraduate course in medicine at Harvard University.

DR. DAVID M. PEYTON, for a number of years connected in medical capacity with the state prison at Jeffersonville, has accepted a commission as major in the United States Army and will leave for service about July 1.

DR. B. B. KEISER, interne at the City Hospital, Indianapolis, the past year, has been commissioned first lieutenant in the Medical Reserve Corps and ordered to Camp Sherman, Chillicothe, Ohio, for immediate service.

COL. HENRY P. BIRMINGHAM, retired officer of the Medical Corps, has been relieved from active duty in command of the medical officers' training camp at Fort Oglethorpe, Ga. He is succeeded by Col. Henry Page of the Medical Corps.

DR. B. S. ROSE of Evansville, with commission of Captain in the Medical Reserve Corps has been stationed for duty at Spartansburg, South Carolina. Dr. William E. Barnes will have charge of his practice during the period of his service.

NOMINATIONS of Assistant Surgeons Charles V. Aiken, Frank M. Faget, John H. Linson, Knox E. Miller, Alvin R. Sweeney, Clifford E. Waller, Newton E. Wayson, and Joseph G. Wilson to be passed assistant surgeons in the Public Health Service has been confirmed by the Senate.

A RESEARCH division to investigate the chemical and physiological phases of modern warfare, dealing especially with gas warfare, submarine service, and deep sea diving, has been established in the Naval Bureau of Medicine and Surgery.

DR. JOSEPH WEINSTEIN, Terre Haute, commissioned in the Medical Reserve Corps, was ordered to the Presbyterian Hospital, Chicago, on May 4 for special work in war surgery, from where he was to report at Camp Logan, Houston, Texas.

THE Vanderburgh County Medical Society held a patriotic meeting and smoker at the Y. M. C. A. building, Evansville, on May 7, as a farewell to three of its members—Drs. B. S. Rose, C. W. Yeck, and Louis E. Fritsch—who have entered military service.

DR. G. B. JACKSON of Indianapolis, commissioned captain in the M. R. C., was in Indianapolis on June 2 en route from the steel mills at Carnegie, Pa., where he studied special methods for treatment of wounds and burns, to the army cantonment at Macon, Ga.

THE sum of \$100,000 has been appropriated by the war council of the American Red Cross, to be expended by the department of military relief in defraying all expenses incident to the establishment and maintenance of the Red Cross for Reeducating the Blind Soldiers.

PHYSICIANS from Tippecanoe, Montgomery, Boone, Howard and Carroll counties were the guests of the Clinton County Medical Society at a banquet at Frankfort, May 3. Dr. Coleman G. Bulford of Chicago was the guest of honor, and gave an illustrated lecture on "Goitre."

THE *Neurological Bulletin* is a new publication under the direction of the Neurological Department of the University of Columbia. It is made up of clinical studies of nervous and mental diseases, and is edited by Dr. Frederick Tilney, and published by Paul Hoeber, New York.

PRACTICALLY every member of the 1918 graduating class of the Indianapolis City Hospital—sixteen in number—is preparing to enter the Red Cross nursing service overseas, according to the announcement of the superintendent of the Hospital. Graduating exercises were held and diplomas received by the class on May 10.

ANNOUNCEMENT has been made by Major T. C. Stunkard, chief medical officer at Fort Benjamin Harrison, that, owing to the heavier duties of medical officers at the fort due to the increased number of men there, examinations of candidates for the Medical Reserve Corps will be held at the fort only on Tuesdays and Thursdays of each week.

DR. BURTON D. MYERS, of the Indiana University School of Medicine at Bloomington, delivered a series of lectures on Sex Hygiene at Jefferson Barracks June 7th. Dr. Myers gave these lectures at the request of the Long commission. Between 2,000 and 3,000 soldiers heard the talk which was given to classes of from 200 to 300 each.

At the state meeting of the Indiana Institute of Homeopathy, held in Indianapolis the week of May 10, the following officers were elected: President, Dr. L. E. Bracken of Columbus; vice president, Chas. E. Haywood, Elkhart; second vice president, Geo. W. Hockett, Anderson; secretary, H. E. Koons, Indianapolis, re-elected; treasurer, A. A. Ogie, Indianapolis.

DR. CHARLES E. CAYLOR of Pennville, who has conducted a private hospital in that town for a number of years, has purchased property at Bluffton and will remove to that place. The reason for the change is the discontinuance of operations by the C. B. & C. railroad, leaving the town of Pennville without any railway facilities.

DR. THOMAS L. SULLIVAN, superintendent of the City Hospital at Indianapolis for the past three years, has resigned his position to accept a commission in the Medical Reserve Corps. His place in the hospital is filled, temporarily, by Dr. Herman G. Morgan, secretary of the Board of Public Health and Charities of Indianapolis.

WORD has been received by Dr. T. B. Noble of Indianapolis of the betrothal of his son, Dr. Thomas B. Noble, Jr., now in military service, with general hospital No. 12, near Rouen, France, to Miss Mary Ronaldson, a Scotch girl, who also is doing war work in France. The wedding is not to take place until the war is over, according to the announcement.

THE offices of the Surgeon-General of the Army and the Medical Corps of the Army have been moved into one of the new war buildings recently constructed at Sixth and B Streets,

Washington, D. C. Other branches of the Medical Corps which were in other buildings in the neighborhood of the War Department also have been moved into the new building, thus centralizing all the offices of the corps.

DR. L. P. DRAYER of Fort Wayne, commissioned captain in the Medical Reserve Corps, was ordered to report for duty at Corona, N. J. on May 15. His work is connected with a reconstruction base hospital for soldiers wounded on the European battle front who have recovered sufficiently to stand the voyage home and who stand in need of skillful attention.

ACCORDING to reports, the British Military Cross has been awarded to Capt. Thomas Edward Walker, Medical Corps, U. S. Army, and eleven lieutenants in that service—Linwood M. Gable, Arthur Irving Haswell, James B. Clinton, Samuel Adams, Gouverneur Boyer, Harold Foster, John Gregg, Albert I. L. Jones, Baldwin L. Keyes, Guy D. Tibbetts, and Harvey C. Updegrove.

A PLAN has been completed by Medical Advisory Board No. 1 of Indianapolis, whereby conscripts with defective teeth, coming under their observation, will be given free dental service, enabling them to go to the training camps in first class condition. Dentists of Indianapolis are cooperating in this work, and, according to the report, a special fund has been set aside for carrying on this work. Dr. S. E. Earp is chairman of this board.

THE Wells County Medical Society, at their May meeting, adopted resolutions to the effect that they will bar from their society any "practice jumper," or, in other words, any physician who is now established in a location who "jumps" into that territory after the departure of Wells county physicians for military service. All Wells county physicians of eligible age are enlisted in the Medical Reserve Corps, although not all have been called for service.

THE Thirteenth District Medical Society held their annual meeting at South Bend, May 8, with the following scientific program: "Diagnosis of Pulmonary Tuberculosis," Dr. H. F. Mitchell, South Bend; "The Problem of Tuberculosis as It Relates to the Community," "The Neurotic Element in Medicine and Surgery," Dr. A. C. McDonald, Warsaw; "The Present Day Opportunity and Obligation of the Physician," Dr. C. C. Terry, South Bend.

THE City Board of Health and Charities of Indianapolis has been completely reorganized by Mayor Jewett. In the new order of affairs, Drs. Thomas B. Eastman and R. O. McAlexander retire from the board, and their places are filled by Drs. James C. Carter and Harry E. Gabe. Further, in the reorganization plan, the management of the City Hospital is changed, and the hospital is undergoing numerous changes and improvements. The first step in improving the hospital was the establishing of new quarters for contagious cases.

THE Eleventh District Medical Association met in regular session at Marion on May 16. More than 100 doctors from over the District were in attendance. In the forenoon clinics were held in charge of the Marion physicians, and in the afternoon a scientific meeting was held consisting of addresses and papers by Drs. J. F. Loomis, Ira E. Andrews, Z. M. Beaman, and H. B. Hill. During the scientific program the ladies were entertained at the home of Mrs. G. G. Eckhart. A banquet for all the guests was held in the evening at the Presbyterian church.

It is announced that Major J. C. Cobb of the regular army arrived in Indianapolis May 28 to take up headquarters in the offices of the State Board of Health. He will work in connection with Dr. J. N. Hurty, state health commissioner, to stamp out venereal disease where it may become a menace to the efficiency of young men as soldiers. Clinics are to be established in each of the thirteen congressional districts of the State, such as have already been established at New Albany and Jeffersonville. Educational meetings will be planned and an extensive campaign on the disease will be waged.

THE Sixth District Medical Society held its annual meeting at Cambridge City, May 23, under the direction of Dr. F. J. DuBois, Liberty, President, and Dr. G. H. Smith, New Castle, Secretary. The scientific program consisted of the following papers: "Errors of Refraction," Dr. J. D. Schonwald, College Corner, Ohio; "Results in X-Ray Treatment of Menorrhagia, Dysmenorrhea and Uterine Myoma," Dr. R. D. Morrow, Richmond; "Anesthetics," S. C. Waters, Middletown; "The Indiana Committee on Mental Defectives," Dr. S. E. Smith, Richmond; "Renal Tuberculosis," Dr. P. E. McCown, Indianapolis; Case Reports, Dr. J. C. Sexton, Rushville; "The Missing Link," Dr. I. O. Allen, Brookville.

THE following table, taken from the *Journal of the American Medical Association*, shows the military record of medical men in Indiana by counties. It is possible that there may be a few inaccuracies, but for the most part the table may be considered correct:

INDIANA									
County	Area, Square Miles	Sq. Miles per Physician	Population Est. 1917	Population per Phys.	Total No. Physicians	Total No. Men Phys.	Physicians Under 45	Physicians Under 55	Members of Co. Society Comml's'd in M.R.C., etc.
Adams.....	337	11.6	21,840	753	29	1	10	20	1
¹ Allen.....	661	3.8	105,149	607	173	7	82	117	93
Bartholomew...	407	7.6	24,971	471	53	2	10	24	27
Benton.....	403	24.0	12,688	746	17	1	10	16	16
Blackford.....	168	11.2	15,820	1,054	15	1	8	15	14
Boone.....	427	10.4	24,673	601	41	3	13	24	20
Brown.....	324	54.0	17,970	1,329	6	..	3	..	..
Carroll.....	377	10.4	17,970	499	36	1	18	20	24
Cass.....	416	5.3	37,696	483	78	1	35	52	43
Clark.....	375	9.6	30,260	775	39	..	17	23	14
Clay.....	361	8.5	32,535	774	42	..	16	20	24
Clinton.....	408	7.5	26,674	493	54	..	21	33	16
Crawford.....	303	20.2	12,057	803	15	..	6	7	8
Daviess.....	433	11.7	27,747	749	37	2	13	21	23
Dearborn.....	313	11.1	21,396	764	28	1	16	23	18
Decatur.....	378	9.9	18,793	494	38	1	17	25	17
Dekalb.....	370	9.2	25,054	626	40	2	22	26	21
Delaware.....	392	3.8	52,718	516	102	3	37	56	52
Dubois.....	427	13.7	19,843	640	31	..	13	22	15
Elkhart.....	462	5.6	51,894	632	82	1	24	52	60
Fayette.....	216	9.8	15,085	685	22	..	12	19	12
Floyd.....	148	2.7	30,421	573	53	2	20	30	32
Fountain.....	395	10.1	20,439	524	39	..	16	25	22
Franklin.....	394	23.1	15,335	902	17	..	4	4	7
Fulton.....	367	14.6	16,879	675	25	..	8	17	15
Gibson.....	486	10.8	30,164	670	45	..	17	25	29
Grant.....	423	4.5	51,426	558	92	6	33	55	48
Greene.....	543	14.2	42,963	1,130	38	1	19	50	38
Hamilton.....	399	8.4	27,026	575	47	1	16	29	23
Hancock.....	307	9.9	19,030	613	31	1	13	23	21
Harrison.....	486	19.4	20,232	809	25	1	12	15	7
Hendricks.....	408	11.3	20,840	578	36	1	19	22	23
Henry.....	397	7.0	33,167	592	56	1	23	34	33
Howard.....	297	4.6	36,536	570	64	..	31	42	18
Huntington.....	386	9.4	29,040	708	41	..	13	23	33
Jackson.....	518	15.6	24,747	749	33	..	14	20	23
Jasper.....	562	56.2	13,044	1,304	10	..	9	9	9
Jay.....	375	9.8	24,961	656	38	2	14	25	18
Jefferson.....	364	10.4	20,483	585	35	1	10	19	17
Jennings.....	383	23.9	14,203	887	16	..	6	7	12
Johnson.....	322	6.7	20,517	427	48	1	10	24	19
Knox.....	510	6.8	43,881	585	75	1	35	50	42
Kosciusko.....	541	12.0	27,936	620	45	..	19	29	25
Lagrange.....	387	18.4	15,148	721	21	..	10	12	16
Lake.....	492	2.7	145,891	819	178	6	93	109	97
Laporte.....	595	9.7	51,205	839	61	5	32	46	49
Lawrence.....	456	12.3	34,198	924	37	..	14	25	22
Madison.....	450	4.2	65,224	621	105	3	25	55	52
² Marion.....	397	0.5	312,153	421	740	36	441	563	332
Marshall.....	441	10.2	24,175	562	43	1	12	22	26
Martin.....	339	24.2	12,950	925	14	..	7	8	10
Miami.....	381	7.6	30,084	601	50	..	26	39	25
Monroe.....	416	11.5	25,288	702	36	2	12	26	22
Montgomery...	501	7.1	29,296	418	70	3	23	38	35
Morgan.....	406	10.1	21,709	542	40	..	17	23	17
Newton.....	405	22.5	10,543	585	18	..	7	13	9
Noble.....	417	13.9	24,355	811	30	..	14	19	25
Ohio.....	85	12.1	4,329	618	7	..	2	4	5
Orange.....	407	12.7	17,437	544	32	..	12	17	15
Owen.....	393	17.0	14,053	611	23	..	5	11	10
Parke.....	447	12.7	22,214	634	35	1	20	24	20
Perry.....	384	22.5	18,078	1,063	17	..	9	10	12
Pike.....	338	13.5	19,684	787	25	..	9	12	14
Porter.....	415	14.3	21,535	742	29	..	14	21	17
Posey.....	402	12.1	21,670	656	33	..	11	22	17
Pulaski.....	432	27.0	13,312	832	16	..	9	10	15
Putnam.....	483	14.6	20,520	621	33	..	10	20	21
Randolph.....	447	9.1	29,275	597	49	1	19	26	29
Ripley.....	448	13.1	19,452	572	34	1	14	19	17
Rush.....	409	13.6	19,349	644	30	..	14	23	21
³ St. Joseph.....	460	3.9	102,874	879	117	5	52	87	66
Scott.....	190	10.0	5,834	833	10	1	3	6	3
Shelby.....	407	9.2	27,027	614	44	1	14	28	15
Spencer.....	403	10.8	20,676	558	37	..	14	23	17
Stark.....	305	25.4	10,666	888	12	..	4	8	1
Steuben.....	305	8.7	14,274	407	35	1	9	11	8
Sullivan.....	460	10.4	37,135	843	44	1	19	35	41
Switzerland.....	222	18.5	9,914	826	12	..	4	8	9
Tippecanoe.....	503	6.9	41,087	570	72	1	41	53	53

1. Includes Fort Wayne, population 74,352; physicians 147 [M.R.C. 24].
2. Includes Indianapolis, population 265,578; physicians 712 [M.R.C. 114].

3. Includes South Bend, population 67,000; physicians 89 [M.R.C. 11].

INDIANA—Continued									
County	Area, Square Miles	Sq. Miles per Physician	Population Est. 1917	Population per Phys.	Total No. Physicians	Total No. Men Phys.	Physicians Under 45	Physicians Under 55	Members of Co. Society Comml's'd in M.R.C., etc.
Tipton.....	260	7.6	17,459	513	34	2	16	21	23
Union.....	162	20.2	6,260	782	8	..	3	5	6
⁴ Vanderburg....	233	1.5	81,576	554	147	5	69	102	78
Vermillion.....	254	8.4	21,502	716	30	..	15	19	15
⁵ Vigo.....	409	2.6	106,830	680	157	2	80	109	90
Wabash.....	425	9.8	26,926	626	43	3	18	26	26
Warren.....	368	11.5	10,899	340	32	1	6	26	19
Warwick.....	392	10.0	21,911	561	39	1	12	20	14
Washington....	519	17.3	17,445	581	30	..	10	13	8
Wayne.....	411	4.9	47,257	569	83	4	38	50	51
Wells.....	365	13.5	22,418	830	27	..	10	19	22
White.....	507	17.4	17,602	606	29	1	14	15	8
Whitley.....	338	12.0	16,892	603	28	1	12	14	20
Totals.....	36,045	7.5	2,914,193	611	4,763	135	2,106	3,109	2,591

4. Includes Evansville, population 72,125; physicians 141 [M.R.C. 19].

5. Includes Terre Haute, population 64,806; physicians 122 [M.R.C. 16].

THE committee appointed by the Vanderburgh County Society to canvass the physicians relative to eligibility and willingness to join the Medical Reserve Corps reported eighteen members ready for immediate service. They are: C. W. Yeck, L. E. Fritsch, G. C. Johnson, G. W. Tepe, W. E. McCool, E. J. Verwayne, M. Miller, W. E. Barnes, D. B. Cain, C. F. Cluthe, W. R. Cleveland, E. Conover, C. F. Diefendorf, J. N. Jerome, E. Laval, H. M. Funkhouser, J. L. Whittinghill and C. A. Hartley.

DR. FRED A. TUCKER, of Noblesville, who has been stationed at Fort Oglethorpe, Ga. since last fall, was recently promoted to a lieutenant-colonel. He is now in charge of the base hospital at Camp Wheeler, Ga. Lieut.-Col. Tucker has risen rapidly in the Medical Reserve Corps. Immediately following the session of the Indiana State Medical Association at Evansville last year, Dr. Tucker was promoted from captain to major and was made chief sanitary officer at Fort Benjamin Harrison. With the departure of the soldiers from this post, he was transferred to Fort Oglethorpe.

CONTRACTS for the erection of the new Indiana University School of Medicine building have been awarded by the university trustees at a meeting held in Indianapolis early this month. The contract for the general construction went to Leslie Colvin of Lafayette. His bid was \$150,630. Equipment contracts were awarded as follows: Electrical wiring, Hatfield Electric Company of Indianapolis, \$6,765; heating, W. H. Johnson & Son Company of Indianapolis, \$31,388; elevator, Warner Elevator Company of Chicago, \$5,025; plumbing, J. A. Diggle of Indianapolis, \$19,300. Construction of the new building was scheduled to begin at once, and the trustees plan to push the work rapidly to completion.

THE Medical Section of the Council of National Defense has issued a very comprehensive questionnaire stating fully the rank, pay, and character of service of qualified men, and answering all question which doctors seeking to enlist in the medical departments of the Army and Navy are likely to ask. The urgent need for volunteers in both the Army and Navy is pointed out in this questionnaire, there being places now open for 5,000 men in the Army and 1,000 in the Navy. Copies of the questionnaire can be obtained from Dr. Franklin H. Martin, chairman of the General Medical Board of the Council of National Defense, Surgeon-General's Office, Washington, D. C.

THE Indiana State Dental Association, at its sixteenth annual meeting held in Indianapolis the week of July 22, put a ban on German-made dental equipment, materials and drugs, by passing the following resolutions:

WHEREAS, The dental profession in the past has been using a large amount of material, instruments and equipment "Made in Germany"; and

WHEREAS, We now know Germany, with its hellish Prussianism, to have concentrated all of its forces in endeavoring to crush under its military heel the independence of liberty-loving humanity; therefore be it

Resolved, That we, the members of the Indiana State Dental Association in convention assembled, do hereby pledge ourselves that during this war and for a period of fifty years hereafter we will not use any materials, supplies or equipment made in or supplied by Germany, and we urge other lines of business to cooperate with us in this effort to bring the German government to a realization of the tremendous magnitude of her offense against the civilization of this age.

DURING May the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Geo. W. Brady & Co.: Barium Sulphate-Brady for Roentgen-ray Work.

Johnson & Johnson: Chlorine-Soda Ampoules.

Lederle Antitoxin Laboratories: Antipneumococcic Serum, Type I.

Monsanto Chemical Works: Chlorcosane-Monsanto.

Morgenstern & Company: Acid. Phenylcinch.-Morgenstern Acid. Phenylcinch.-Morgenstern Tablets Sodium Phenylcinch. Water-Morgenstern,

Parke, Davis & Company: Antipneumococcic Serum, Type I.

Rector Chemical Company, Inc.: Procaine-Rector.

E. R. Squibb & Sons: Antipneumococcic Serum, Type I.

THE 24th annual conference of health officers, held under the auspices of the Indiana State Board of Health, convened at the Claypool Hotel, Indianapolis, May 28. Dr. Charles B. Kern, president of the State Board of Health, was in charge, and the program included discussions of Indiana's health laws, rules and regulations of the state board, vital statistics, and the duties and powers of the health officers. Dr. J. N. Hurty, secretary of the board; F. C. Gamman, representing the United States Food Administration of Washington; Jay A. Craven of the Indianapolis Sanitary Commission; Dr. L. D. Fricks, surgeon of the United States Public Health Service; Dr. Fred A. Dennis, of Crawfordsville; Dr. C. O. McCormick, of Indianapolis; Dr. Anna E. Rude of the Children's Bureau, Department of Labor; Dr. J. O. Cobb, United States Public Health Service; Dr. F. W. Cregor, of Indianapolis; Dr. J. R. Eastman, president of the Indiana State Medical Association, and Dr. F. R. Henshaw, dean of Indiana Dental College, were speakers of the conference.

DR. FRANKLIN MARTIN, chairman of the general medical board of the Council of National Defense, addressed a state wide rally of doctors, dentists, nurses and Red Cross workers at the Claypool Hotel Monday evening, May 20. Although word was not received until the preceding Friday, the attendance was most gratifying, more than 800 hearing Dr. Martin's stirring appeal. The assembly room of the Claypool was filled and a number were turned away. Dr. J. R. Eastman, President of the Indiana State Medical Association, presided, and talks were made by Governor Goodrich and Michael E. Foley, chairman of the State Council of Defense. Dr. Charles P. Emerson also made a short talk. The invocation was delivered by the Rev. Lewis Brown of St. Paul's Episcopal Church. Preceding the meeting a dinner was given in Dr. Martin's honor which was attended by the Governor, Mr. Foley, Dr. F. R. Henshaw, dean of the Indiana Dental College, and several invited guests.

RECRUITING RALLY.—Reports received so far from county secretaries indicate that the recruiting rally held on Lusitania day, May 7, proved a great success. Meetings were held in more than fifty counties and in almost every case the doctors who attended expressed a willingness to enlist in the Medical Reserve Corps. Cards which were sent to the various county secretaries for the purpose of lining up those doctors who desired immediate service were signed by practically every physician, indicating that the

profession in Indiana is meeting the present emergency in splendid fashion.

The recruiting rally was held in response to the urgent appeal of Surgeon-General Gorgas of the Army and Surgeon-General Braisted of the Navy, the former asking for 5,000 doctors and the latter for 2,000. In addition the Red Cross is asking for 4,000, while Great Britain and France have appealed for the same number, bringing the grand total of physicians needed for war service up to 15,000. Of the number needed for the American forces, Indiana is expected to provide 400 doctors, 300 of whom are expected to enlist by July 1st.

Part of the success of the drive in Indiana was due to the cooperation obtained from the medical staff of the 84th Division, Camp Taylor, which sent out a number of medical officers to make addresses over the state. Lieut.-Col. John H. Allen, Division Surgeon, offered to assist the Indiana State Medical Association in every way possible and he selected the best men in his command to take part in the rally. Col. Allen addressed the meeting of the Indianapolis Medical Society which was attended by about 250 doctors. Medical officers of his staff were assigned by Col. Allen to address the following meetings: Corydon, Capt. John J. Moren; LaFayette, Lieut. John Irwin; Bluffton, Capt. Roy B. Storms; Richmond, Capt. H. J. Ware; Marion, Major Granville S. Hanes; Rushville and Connersville, Capt. Cecil I. Wayman; New Castle, Capt. Paul B. Coble; Greenfield, Lieut. David C. Morton; Linton, Lieut.-Col. C. J. Imperatori; North Vernon and Versailles, Capt. Miles F. Daubenheyer; Logansport, Capt. David N. Roberg; Columbus, Capt. Michael R. Larkin; Wabash, Major Walter O. Domer.

Dr. George F. Keiper, of LaFayette, addressed the Jasper-Newton doctors at Brook. Dr. H. H. Sutton spoke at Boonville; Martin J. Givan at Aurora; Dr. Frank B. Wynn, of Indianapolis, at Anderson and Muncie; Dr. W. F. Howat, of Hammond, at Fowler; Dr. John F. Barnhill, of Indianapolis, at Bedford; Dr. Amos Carter, of Plainfield, at Greencastle; Capt. Charles R. Sowder, of Camp Custer, Mich., at Hammond; Lieut. E. S. Greene, Retired, at LaPorte; Dr. John N. Hurty, of Indianapolis, at Sullivan; Dr. H. G. Read, of Tipton, at Tipton; Dr. W. H. Stemm, of North Vernon, at Madison; Col. Bremmerman, of Camp Custer, Mich., at Elkhart; Dr. A. M. Hayden, of Evansville, at New Harmony; Private Henry, of the British Army, at Crawfordsville; Capt. Lewis Thexton, M.R.C., of Chicago, at Winamac; Dr. F. W. Cregor, of Indianapolis, at Spencer; Dr.

John H. Oliver, of Indianapolis, at Noblesville; Dr. O. G. Pfaff, of Indianapolis, at Terre Haute; Dr. George M. Wells, of Indianapolis, at Martinsville; Dr. G. D. Miller, of Logansport, at Monticello; the Rev. George H. Richardson, of Peru, former chaplain in the British Army, at Plymouth; Dr. Albert E. Sterne, of Indianapolis, at Brazil; Dr. E. M. Shanklin, of Hammond, at South Bend; Dr. W. N. Shard, of Indianapolis, at Shelbyville; Dr. B. B. Griffith, of Vincennes, at Vincennes.

The meeting of the Carroll County Society was held at Delphi on May 10th and was addressed by Dr. George F. Keiper, of LaFayette, and the Rev. E. P. Day, of Delphi.

Enthusiastic meetings were held in several counties at which it was found impossible at the last minute to provide speakers. The fact that the rally was held in spite of this drawback and that most of the doctors present signified a willingness to enlist in the Medical Reserve Corps speaks all the more for the loyalty of these counties. A list of these meetings follows: Union County, College Corner, Ohio; Fountain, Warren, Attica; Kosciusko, Warsaw; Pike, Petersburg; Fulton, Athens; Martin, Logoo-tee; Howard, Kokomo; Jay, Portland.

Inability to provide speakers was due to the fact that several doctors who had been scheduled to make addresses did not return from Washington in time to make connections. The rush at Fort Harrison where thousands of new recruits have been sent, prevented Major T. C. Stunkard, Post Surgeon, from assisting in the drive. This was unfortunate as it was hoped to obtain at least six doctors from this post. Illness kept several doctors from filling their engagements.

As soon as blanks are received from Washington they will be mailed to the various doctors who have signified a desire to enter the Medical Reserve Corps and they will be urged to visit Fort Harrison for physical examination. An effort is being made to obtain a traveling board from Camp Taylor, but Hoosier physicians will be rendering a patriotic service by making the trip to Fort Harrison where the examination can be conducted on the spot and a delay of perhaps a month avoided. Governor Goodrich has wired the surgeon-general asking that the necessary order be issued permitting the authorities at Camp Taylor to send out the traveling board, but no action has been reported along this line so far as known.

A number of doctors who are beyond the age limit of 55 years have desired to be of service in the present crisis and it is probable

that they will be needed before many months elapse, as the drain on the younger members of the profession may necessitate an apportionment of the older doctors to take care of civilian needs. For this purpose the Medical Section of the Council of National Defense is organizing a Volunteer Medical Service Corps in which all doctors above the age limit are to be enrolled. The details of this organization have not been worked out, but it is hoped that every practitioner in Indiana more than 55 years old will hold himself in readiness to answer the government's call and will show his loyalty by sending his name to the office of the executive secretary if he did not sign up at the recruiting rally held May 7.

ORDERS to officers of the Medical Reserve Corps, as pertains to Indiana doctors, during the month of April:

To Army Medical School for instructions, Lieuts. FORREST J. YOUNG, Milford; ARTHUR J. WHALLON, Richmond.

To Boston, Mass., Harvard Graduate School of Medicine, for instruction, from Fort Oglethorpe, Lieut. MERRILL S. DAVIS, Marion.

To Camp Grant, Rockford, Ill., for duty, from Camp Bowie, Lieut. MICHAEL ROBINSON, Muncie; from Garden City, Lieut. PAUL A. GARBER, Sidney.

To Camp Meade, Annapolis Junction, Md., as member of the board examining the command for tuberculosis, from Fort Oglethorpe, Lieut. CLYDE E. WATSON, Nampa.

To Camp Pike, Little Rock, Ark., as member of the board examining the command for tuberculosis, from Fort Riley, Lieut. DORSEY D. METCALF, Fort Wayne.

To Camp Sheridan, Montgomery, Ala., as member of the board examining the command for tuberculosis, from Fort Oglethorpe, Capt. AMZI W. HON, Indianapolis.

To Camp Travis, Fort Sam Houston, Tex., for duty, from Camp MacArthur, Capt. BEN WEBSTER, Kingsbury.

To Chicago, Ill., Presbyterian Hospital, for instruction, and on completion *To Camp Logan, Houston, Tex.*, base hospital, Capt. JOSEPH H. WEINSTEIN, Terre Haute. On completion *To Camp Zachary Taylor, Louisville, Ky.*, base hospital, Lieut. CHESTER N. FRAZIER, Indianapolis.

To Fort Benjamin Harrison, Ind., for duty, Lieuts. MILLARD F. BRACKNEY, Mooresville; CHARLES N. COMBS, Terre Haute; LESLIE A. KUHN, Wyatt; CHARLES C. McFARLIN, Zenas; from New York City, Capt. FREDERICK M. WHISLER, Wabash.

To Fort Des Moines, Ia., base hospital, Lieut. CHARLES N. COMBS, Terre Haute.

To Fort Oglethorpe for instruction, Lieuts. BARUCH M. EDLAVITCH, Fort Wayne; GEORGE B. MORRIS, Petroleum; from Chicago, Lieut. THOMAS P. GOODWIN, South Bend.

To Fort Riley for instruction, from Fort Des Moines, Lieut. ARTHUR L. LEEDS, Michigan City.

To Gettysburg, Pa., for duty, from Camp Sevier, Lieut. LLOYD H. SIMMONS, Millersburg.

To Hoboken, N. J., for duty, Capt. CHARLES R. DANCER, Fort Wayne.

To New York City for instruction, from Camp Dix, Lieut. HARRY E. WOODBURY, Plymouth.

To Philadelphia, Pa., University Hospital, for instruction and on completion *to his proper station*, from Fort McPherson, Capt. MALACHI R. COMBS, Terre Haute.

To Rockefeller Institute for instruction in laboratory work, and on completion *To Army Medical School* for duty, from Atlanta, Capt. MERTON A. FARLOW, Milroy.

Honorably discharged on account of physical disability existing prior to entrance into the service, Lieut. OTTO H. SWANTUSCH, Metz.

Resignation of Lieut. DAVID D. OAK, LaCrosse, accepted. *To Camp A. A. Humphreys, Accotink, Va.*, for duty, from Camp Laurel, Capt. JAMES O'D. RHEA, Linden.

To Camp Bowie, Fort Worth, Tex., base hospital, from Camp Logan, Lieut. WARREN D. CALVIN, Fort Wayne.

To Camp Cody, Deming, N. M., base hospital, from Fort Oglethorpe, Capt. BUDD VAN SWERINGEN, Fort Wayne.

To Camp Custer, Battle Creek, Mich., base hospital, Lieut. CHARLES J. ADAMS, Kokomo.

To Camp Dix, Wrightstown, N. J., as member of the tuberculosis examining board, from Fort Oglethorpe, Lieut. HAROLD S. HATCH, Oaklandon.

To Camp Gordon, Atlanta, Ga., base hospital, from Camp McClellan, Capt. ARTHUR F. WEYERBACKER, Indianapolis.

To Camp Jackson, Columbia, S. C., for duty, Capt. JOSEPH A. F. FRISZ, Terre Haute.

To Fort Oglethorpe for instruction, Lieuts. FRED C. DILLEY, Brazil; FOWLER B. ROBERTS, Evansville; PAUL R. TINDALL, Greensburg; CARL HENNING, Hanover; ROBERT G. JOHNSTON, Markle.

To Fort Omaha, Nebr., for duty, from Army Medical School, Capt. BONNELLE W. RHAMY, Fort Wayne.

To Mineola, L. I., N. Y., Signal Corps Aviation School, from Garden City, Lieuts. DONALD D. JOHNSTON, Fort Wayne; PAUL A. GARBER, Sidney.

To Newport News, Va., for duty, Lieut. LYMAN OVERSHINER, Summitville.

To Pittsburgh, Pa., Carnegie Bldg., for instruction, and on completion *To Camp Wheeler, Macon, Ga.*, base hospital, Capt. GUSTAVUS B. JACKSON, Indianapolis.

To Washington, D. C., for duty in the Surgeon-General's Office, Capt. HUGH H. MILLER, South Bend.

Honorably discharged on account of physical disability existing prior to entrance into the service, Lieuts. JOHN W. BALLARD, Logansport; OTTO H. SWANTUSCH, Metz.

To Camp Joseph E. Johnston, Jacksonville, Fla., for duty, Capt. ROBERT M. RECOBS, Tipton.

To Camp Wadsworth, Spartanburg, S. C., for duty, Capt. BENONI N. ROSE, Evansville.

To Camp Wheeler, Macon, Ga., base hospital, from Fort Oglethorpe, Major FREDERICK A. TUCKER, Noblesville.

To Colonia, N. J., for duty Capt. LEWIS P. DRAYER, Fort Wayne.

To Fort Oglethorpe for instruction, Capt. ARTHUR T. FAGALY, Lawrenceburg; CLARENCE G. REA, Muncie.

To Fort Slocum, N. Y., for duty, from Camp Sherman, Major HARRY M. HOSMER, Gary.

To Hoboken, N. J., for duty, Lieut. WARD C. ZELLER, Union City.

To Loke Charles, Gerstner Field, Signal Corps Aviation School, from Mineola, Lieut. DONALD D. JOHNSTON, Fort Wayne.

To Rochester, Minn., Mayo Clinic, for instruction, and on completion *to his proper station*, from Camp Custer, Lieut. JOHN C. GLACKMAN, Hatfield.

To Topeka, Kan., State Board of Health, as epidemiologist, Capt. MILLARD KNOWLTON, Sims.

To Washington, D. C., for duty, from Camp John Wise, Lieut. BERNARD J. LARKIN, Indianapolis.

To Camp Dodge, Des Moines, Iowa, for duty, Capt. GEORGE W. TWOMEY, Elkhart; Lieut. REVEL F. BANISTER, Washington.

To Camp Lee, Petersburg, Va., for duty, Lieut. EDWIN E. KIME, Indianapolis.

To Fort Oglethorpe for instruction, Capt. LINLEY M. REAGAN, Tipton; Lieuts. CARLTON L. ROWELL, Valparaiso; from Camp Devens, Lieut. THOMAS P. GOVAN, Richmond; from Camp Sherman, Lieuts. HARVEY K. STORK, Huntingburg; LEO A. SALB, Jasper.

To Washington, D. C., for temporary duty, Capt. JOHN R. NEWCOMB, Indianapolis.

The following order has been revoked: *To Rochester, Minn., Mayo Clinic*, for instruction, and on completion *to his proper station*, from Camp Custer, Lieut. JOHN G. GLACKMAN, Hatfield.

As might be expected, Indiana doctors turned out in force to attend the Chicago session of the A. M. A. The registration showed as present at the session the following:

Adams, Daniel S., Beech Grove, Chicago Eye, Ear and Nose Hospital.
Ash, E. E., Goshen, Van Buren.

Baer, S. W., South Bend, 1114 Pratt Blvd.
Baker, Walter H., South Bend, 5010 Dorchester Av.
Baker, W. F., Indianapolis, Planters.
Ball, Clay A., Muncie.
Balsbaugh, Geo. D., North Manchester, Great Northern.
Barnett, Charles E., Fort Wayne, Auditorium.
Beanert, Seth D., Decatur, Fort Dearborn.
Becknell, I. J., Goshen, Brevoort.

- Begley, Baxter, Inglefield, Y. M. C. A.
 Berry, David F., Indianapolis, Planters.
 Berteling, John B., South Bend, 1008 Washington Blvd., Oak Park.
 Besser, E., Remington, Sherman.
 Best, S. Robert, Gary.
 Beverland, Emory M., Indianapolis.
 Black, Claude S., Warren, Chicago Beach.
 Black, Frank W., Ligonier, Brevoort.
 Blinks, E. G., Michigan City.
 Boardman, Carl, Gary.
 Boggs, W. R., Indianapolis, Sherman.
 Boggs, William R., Indianapolis.
 Bolin, John T., Hammond.
 Booher, Ervin E., Connersville, Morrison.
 Boren, S. W., Poseyville, Grand Pacific.
 Borley, E. R., South Bend.
 Boulden, Melville F., Frankfort, Auditorium.
 Boyers, James S., Decatur, Newberry.
 Bradfield, John, Logansport.
 Breaks, L. Z., Terre Haute, La Salle.
 Breitenbach, Oscar C., Columbus, 930 Main St., Evanston.
 Brookie, Roger W., Converse, Lexington.
 Brose, L. D., Evansville, Congress.
 Broughton, F. H., Wolcottsville, Saratoga.
 Bruebaker, E. H., Flora, 3435 W. Van Buren St.
 Buchanan, Wm. Austin, Hammond.
 Buck, Dexter A., Laporte.
 Bulson, Albert E., Jr., Fort Wayne, La Salle.
 Call, E. B., Knightstown, La Salle.
 Campbell, Cyrus W., Hammond.
 Carmack, John W., Indianapolis, La Salle.
 Caylor, Chas. E., Pennville, 709 S. Ashland Av.
 Cekul, Edward C., La Otto, La Salle.
 Chappell, Ralph S., Indianapolis, Sherman.
 Christophel, W. B., Mishawaka, La Salle.
 Clapp, Fred R., South Bend, Morrison.
 Clark, Stanley A., South Bend, Blackstone.
 Clements, George E., Crawfordsville.
 Collins, Leonard P., Winamac, Brevoort.
 Conover, Earl, Evansville, Morrison.
 Cook, L. H., Bluffton, Auditorium.
 Corey, C. W., Hartford City.
 Cosby, G. O., Elizabethtown, Morrison.
 Cox, F. P., Indiana Harbor.
 Craig, J. A., Greenwood, Great Northern.
 Creel, Thomas J., Angola.
 Gregor, Frank W., Indianapolis, Auditorium.
 Cupp, M. F., Metamora, Sherman.
 Cupp, Millard F., Metamora.
 Cushman, Robt. A., Princeton.
 Dale, H. W., West Lebanon.
 Davis, Elmer J., Mooreland, 3938 N. Ashland Av.
 Dewey, Fred N., Elkhart, Fort Dearborn.
 Dielman, F. C., Fulton, Atlantic.
 Dittmer, S. E., Kouts.
 Dollens, Claude, Oolitic, Atlantic.
 Douglas, S. R., Valparaiso.
 Drescher, M. L., Michigan City.
 Dugan, Thomas J., Indianapolis, La Salle.
 Eastman, Joseph R., Indianapolis, Congress.
 Eberwein, John H., Indianapolis, La Salle.
 Eckhart, G. G., Marion, Brevoort.
 Eckelman, Metius M., Elkhart.
 Edmonds, E. A., Hebron.
 Edwards, Chas. H., Terre Haute, Sherman.
 Egan, Burton W., Logansport, Brevoort.
 Egbert, Robert H., Martinsville.
 Elliott, Harry, Brazil, Sherman.
 English, E. C., Rensselaer.
 Erdman, Bernard, Indianapolis, Sherman.
 Eshleman, L. H., Martin, Brevoort.
 Evans, Edward E., Gary, Fort Dearborn.
 Fargher, James H., Laporte.
 Farnham, Harry Rathbun, Butler, 5452 Wayne Av.
 Ferry, P. L., Akron, Fort Dearborn.
 Fink, O. E., Terre Haute, 2733 S. Michigan Av.
 Fleming, C. F., Elkhart, Palmer.
 Fleming, J. C., Elkhart, Palmer.
 Fox, Francis H., Hammond.
 Foxworthy, F. W., Indianapolis, La Salle.
 Freeman, E. D., Osgood, Morrison.
 Funk, Austin, Jeffersonville, La Salle.
 Glasey, E. M., Brookville, Sherman.
 Glick, O. E., Kentland, Lexington.
 Glock, C. M., Arcola, Atlantic.
 Glock, H. E., Fort Wayne.
 Goldstein, Albert E., Baltimore, Auditorium.
 Graham, Henry J., Mishawaka, Congress.
 Grand, Charles C., Fort Wayne, Morrison.
 Grant, P. T., Marengo, Fort Dearborn.
 Grayston, Wallace S., Huntington, Chicago Beach.
 Griffith, B. B., Vincennes, 915 Sheridan Road.
 Groman, H. C., Hammond.
 Gwin, W. D., Rensselaer, Morrison.
 Hackleman, Frank A., Rushville.
 Hadley, James W., Frankfort, Auditorium.
 Hadley, Murray N., Indianapolis.
 Hagen, W. A., South Bend.
 Hall, H. M., New Castle, Sherman.
 Hansel, Chas. E., South Bend, Morrison.
 Hayden, A. M., Evansville, Morrison.
 Haywood, Charles W., Elkhart, Fort Dearborn.
 Heitger, Jos. D., Bedford, La Salle.
 Heller, Nelson L., Dunkirk, Brevoort.
 Hildebrand, W. O., Topeka, Atlantic.
 Hill, Henry B., Logansport, Sherman.
 Hill, Frank E., Muncie, Congress.
 Hoffman, Geo. E., Rochester.
 Hollis, W. A., Hartford City, Palmer.
 Holloway, W. A., Logansport, Brevoort.
 Hoover, E. M., Elkhart, Fort Dearborn.
 Hoskins, W. D., Indianapolis, Congress.
 Hosman, Willis E., Akron.
 Howat, W. F., Hammond.
 Hoy, B. F., Syracuse, Victoria.
 Hughes, W. L., Indiana Harbor.
 Hughes, William F., Indianapolis, La Salle.
 Hurty, J. N., Indianapolis, Auditorium.
 Jewell, B. M., Lowell.
 Johnson, G. C., Evansville, 2341 Wentworth Av.
 Johnston, M. F., Richmond, Stratford.
 Jones, E. S., Hammond.
 Kasdorf, G. C., Michigan City.
 Kast, Marie B., Indianapolis, Sherman.
 Kearns, Thomas A., Flora, Morrison.
 Keeney, Bayard G., Shelbyville, La Salle.
 Keiper, George F., Lafayette, La Salle.
 Keller, F. G., Alexandria, 444 North Spring Av., La Grange.
 Kelly, Jon Nelson, Westville.
 Kelly, Walter F., Indianapolis, Congress.
 Kendle, George C., Princeton, 904 E. 62d St.
 Kennedy, T. C., Indianapolis, Sherman.
 Kennedy, William H., Indianapolis, La Salle.
 Kerrigan, John V., Michigan City, Congress.
 Ketcham, Jane M., Indianapolis, La Salle.
 Killough, Aimee R., Michigan City, 5025 St. Lawrence Av.
 King, J. B., Richmond, Palmer.
 Kiser, Edgar F., Indianapolis, La Salle.
 Kitchen, W. B., Indianapolis, Congress.
 Kitson, F. S., North Manchester, Great Northern.
 Klinger, M. E., Garrett.
 Knapp, H. C., Huntingburg.
 Kreider, M. K., Goshen, Palmer.
 Krueger, Emil L. O., Michigan City.
 Kruse, Edward H., Fort Wayne, La Salle.
 Kuhn, B. F., Elkhart, Fort Dearborn.

Lapenta, Vincent A., Indianapolis, Auditorium.
 Leach, W. J., New Albany, Sherman.
 Lewis, M. J., Marion, Brevoort.
 Long, C. R., Pierceton, La Salle.
 Loop, Aubrey L., Economy, Hubbard Woods.

MacDonald, John A., Indianapolis, Blackstone.
 Mackey, Charles W., Portland, Auditorium.
 Malstone, Francis A., Griffith, 11356 Prairie Av.
 Maple, James B., Shelburn, Y. M. C. A.
 Matushek, William A., Hammond.
 McArdle, J. E., Fort Wayne, La Salle.
 McCaskey, Carl H., Indianapolis, La Salle.
 McCracken, Henry M., Argos, Brevoort.
 McDonald, A. C., Warsaw, Brevoort.
 McDonald, Virgil, Anderson, 921 N. La Salle St.
 McFadden, Walter C., Shelbyville, La Salle.
 McKee, Harley S., New Point, 5715 Drexel Av.
 McKittrick, Ora K., Indianapolis, Congress.
 McLeay, John D., Indianapolis, La Salle.
 McMichael, Frank J., Gary.
 Mead, Ernest C., Livonia, Dearborn.
 Melton, O. O., Hammond.
 Mendenhall, F. F., Elwood, Majestic.
 Mentzer, S. E., Monroeville, Brevoort.
 Mervis, Frank H., Indianapolis.
 Metts, Fred A., Bluffton, Morrison.
 Miller, Charles E., Muncie, La Salle.
 Miller, G. W., East Chicago.
 Miller, George D., Logansport, Morrison.
 Miller, H. L., West Borden, Morrison.
 Miller, L. C., Twelve Mile, Majestic.
 Miller, S. T., Elkhart, La Salle.
 Mitchell, H. F., South Bend, Y. M. C. A.
 Molloy, W. J., Muncie, Fort Dearborn.
 Molt, Wm. F., Indianapolis, Planters.
 Montgomery, James R., Owensville.
 Montgomery, M. A., Owensville.
 Moon, V. H., Indianapolis, Great Northern.
 Morgan, H. G., Indianapolis, La Salle.
 Morris, J. L., Princeton.
 Morris, W. F., Fort Branch, Grace.
 Morrow, R. D., Richmond, Morrison.
 Mountain, Joseph R., Connersville, Congress.
 Mowry, William A., French Lick, Morrison.
 Myers, Burton D., Bloomington, Congress.
 Myers, Edgar H., South Bend, Congress.

Nesbit, O. B., Gary.
 Neu, C. F., Indianapolis, La Salle.
 Norris, S. C., Anderson, La Salle.
 Northup, A. H., Markle, Chicago Beach.

Oberlin, Thos. W., Hammond.
 Ostrowski, Leonard J., Indiana Harbor.
 Owen, W. L., South Bend, Atlantic.

Packard, C. W., Gary.
 Padgett, Everett E., Indianapolis.
 Parker, E. E., Culver, Fort Dearborn.
 Parr, W. L., Evansville, Grant.
 Picrson, Allen, Spencer.
 Poll, Robert R., Darlington.
 Pollom, M. R., Thorntown, Y. M. C. A.
 Porter, Miles F., Fort Wayne, Auditorium.
 Powell, Nettie B., Marion.
 Propper, I. J., Gary.

Radcliffe, F. E., Bourbon, Morrison.
 Rainier Alfred P., Remington.
 Randall, Edwin, Ambia, Fort Dearborn.
 Rarick, John E., Wolcottville, Sherman.
 Rayl, C. C., Monroe, Newberry.
 Reagan, R. M., Monon, Congress.
 Rees, Omar H., Knightstown, Great Northern.
 Rietz, P. C., Evansville, Randolph.
 Robinson, C. C., Indiana Harbor, Congress.
 Rogers, J. B., Michigan City.
 Rosenbury, Charles S., South Bend, Atlantic.
 Rosenthal, Maurice I., Fort Wayne, Congress.
 Ross, Alex A., East Chicago.

Ross, Louis F., Richmond, Wrightwood.
 Rubsam, Jos., Logansport, Sherman.
 Rubush, G. W., Indianapolis, Sherman.
 Rud, Nellie C., Michigan City, 3625 P.ne Grove Av.
 Ruddell, K. R., Indianapolis, La Salle.

Sandy, W. J., Martinsville, La Salle.
 Schmauss, L. F., Alexandria, Saratoga.
 Schoen, P. H., New Albany, Windsor-Clifton.
 Schwartz, W. D., Portland, Fort Dearborn.
 Schweitzer, Ada E., Indianapolis, Auditorium.
 Sellen, Charles A., Hartford City, Stratford.
 Shafer, H. O., Rochester, 1200 N. Dearborn.
 Shanklin, E. M., Hammond.
 Sharp, Walter N., Indianapolis.
 Shimer, Will, Indianapolis, Auditorium.
 Shoemaker, S. A., Bluffton, Palmer.
 Shoup, Homer B., Sharpsville, Metropole.
 Sims, S. B., Frankfort, Auditorium.
 Slonaker, C. L., Culver, Fort Dearborn.
 Smith, L. W., Warren, Majestic.
 Smith, Milton S., La Porte.
 Spohn, George W., Elkhart, Sherman.
 Spurgeon, Orville E., Muncie, Fort Dearborn.
 Sputh, Carl B., Indianapolis, 856 W. Richmond.
 Stephens, Walter C., Muncie, Auditorium.
 Sterne, Albert E., Indianapolis, Congress.
 Stimson, A. E., Athens, Atlantic.
 Stoltz, Charles, South Bend, Atlantic.

Templin, Theo. B., Gary.
 Terrell, W. H., Pittsboro, 23 W. Ohio St.
 Terry, C. C., South Bend, Morrison.
 Teters, B. F., Middlesbury, Atlantic.
 Thompson, G. W., Winamac, Palmer.
 Thompson, W. H., Winamac.
 Thompson, Walter N., Sullivan, Auditorium.
 Tomlin, Wm. S., Indianapolis, 801 Hinman Av.,
 Evanston.

Vaughan, I. J., Topeka, Atlantic.
 Veasey, Wm., Avilla.
 Veazey, W. M., Avilla, Briggs.

Waite, Earl L., Rochester, Morrison.
 Walles, Wm. F., Metz, Planters.
 Walter, J. O., Bristol, Atlantic.
 Walters, Arthur L., Indianapolis, La Salle.
 Warter, Phil, Evansville, Morrison.
 Washburn, I. M., Rensselaer, Palmer.
 Weaver, Ben P., Fort Wayne, Auditorium.
 Weguer, Wm. G., South Bend, 816 George St.
 Weinstein, Joseph H., Terre Haute, Melbourne.
 Wheeler, Homer H., Indianapolis, Congress.
 Whitaker, Joel, Indianapolis, La Salle.
 White, Hugh T., Hammond, Melbourne, 4625 N.
 Racine

White, Isaac D., Clinton, 309 Wisconsin, Oak Park.
 White, William J., Gary, Sherman.
 Wiedemann, Frank E., Terre Haute, La Salle.
 Williams, Charles L., St. Paul, 56th St. and University
 Av.

Williamson, Harry, Marion, Palmer.
 Wilson, James L., South Bend, Congress.
 Wiltfong, Charles O., Chesterton.
 Wineburg, L. P., Ligonier, 444 Fullerton Parkway.
 Wood, Elmer U., Columbus.
 Wood, H. D., Angola, Brevoort.
 Woods, Arba L., Poseyville, 3401 Ashland Av.
 Woods, C. S., Indianapolis, La Salle.
 Woods, W. P., Evansville.
 Woolery, Perry, Heltonville, 1844 West Harrison St.
 Worrell, Jonathan P., Terre Haute, Congress.
 Wright, J. Wm., Indianapolis, La Salle.
 Wyeth, Charles, Terre Haute, Sherman.
 Wynn, Frank B., Indianapolis, Planters.

Yarrington, Charles W., Gary.
 Yung, J. R., Terre Haute, Sherman.
 Zimmerman, E. R., Elkhart.

CORRESPONDENCE

FROM NURSE MARY B. HOUSER

WITH BASE HOSPITAL 32,
SOMEWHERE IN FRANCE.

Dear Doctor Bulson:—We are fairly busy now, but expect to be much busier soon. Our location is somewhat south of the main fighting, but I presume we will get our share soon.

We are having quite cold and rainy weather now, yet the trees are in bloom and it looks like spring although it feels more like winter, and our stoves are going as hard as in the coldest weather. I know you would laugh at our petite stoves for they are about the size of a picnic coffee-pot, and are somewhat like an ether patient—have to be closely watched or they are apt to die on our hands.

We have fine large hotels fitted up as hospitals, and can accommodate about 1,400 patients. Up to the present time we have not had all our buildings filled. Have had a number of gas patients but all are doing nicely. We hear many interesting tales about their trench experiences, and all the boys are very anxious to get back to the trenches.

Very sincerely,

MARY B. HOUSER.

SOCIETY PROCEEDINGS

INDIANA STATE MEDICAL ASSOCIATION

Standing of Counties in 100 Per Cent. Membership
Club Contest—Counties Qualified May 15

	1917	1918
Tipton	23	24
Clinton	20	25
Union	8	9
Dearborn-Ohio	24	24
Sullivan	29	29
Lagrange	20	20
Jay	17	17
Orange	15	16
Perry	13	15
Scott	3	3
Porter	17	17
Fulton	16	16
Hamilton	23	24
Rush	22	22
Benton	17	17

Counties Not Yet Qualified

	1917	1918
St. Joseph	68	67
Elkhart	61	60
Tippecanoe	60	59
Cass	45	44
Kosciusko	24	23

	1917	1918
Jackson	23	22
Monroe	20	19
Wayne	55	52
Delaware-Blackford	72	68
Dubois	16	15
Morgan	16	15
Pulaski	16	15
Knox	44	42
Floyd	31	29
Pike	15	14
Wells	25	23
Vigo	95	87
Hancock	22	20
Bartholomew	29	26
Jasper-Newton	19	17
Miami	28	25
Carroll	25	22
Grant	48	42
Franklin	8	7
White	8	7
Jennings	15	13
Randolph	28	24
Owen	14	12
Warrick	14	12
Spencer	20	17
Huntington	33	28
LaPorte	51	43
Daviess	25	21
Montgomery	37	31
Lawrence	24	20
Decatur	18	15
Putnam	22	18
Martin	11	9
Hendricks	27	22
Adams	20	16
Jefferson	19	15
Henry	41	32
Greene	18	14
Allen	95	70
Howard	39	30
Posey	17	13
DeKalb	21	16
Whitley	21	16
Crawford	8	6
Fayette	15	11
Fountain-Warren	33	24
Switzerland	11	8
Marion	325	236
Wabash	25	18
Vanderburgh	70	50
Johnson	21	15
Lake	104	74
Madison	52	37
Steuben	17	12
Gibson	33	23
Clay	23	16
Parke-Vermilion	24	15
Harrison	8	5
Washington	5	3
Noble	31	17
Boone	22	12
Marshall	23	11
Shelby	15	7
Clark	14	5
Ripley	14	2

FOURTH DISTRICT

The fourteenth annual meeting of the Fourth District Medical Society was held in the Jennings Theater, North Vernon, May 16, 1918.

Dr. E. U. Wood, president of the Society, in a short address called attention to the fact that in the past year there had been no additions to our ranks throughout the district, and a great number had joined the Army. The men at home must do more work in a more efficient way, and the medical requirements must be kept to high standards.

Dr. A. G. M. Childs of Madison presented a paper, "The Physician's Whole Duty." He advocated the proper teaching of sex hygiene in the public schools, and made an earnest plea to the profession to more closely cooperate with state and federal officers in eradicating the social diseases.

Dr. C. M. Jackson of Elizabethtown presented a paper, "The Tongue as an Aid in Diagnosis." He covered the subject in a thorough manner, leaving room for very little discussion.

Dr. D. W. Weaver presented a paper, "Conservation of the Tonsils," stating that "the profession and the public had gone mad over tonsillectomy;" "too many tonsils were being removed without cause," and that tonsils were "falsely accused of too many crimes." In discussion Dr. O. C. Breitenbach of Columbus disagreed absolutely with the essayist, and a lively debate, which was interesting and instructive, followed.

Dr. W. H. Stemm, District Councilor, explained the need for medical men in the Army and Navy, and asked for the immediate enlistment of every man able to enter the service.

An interesting film was shown illustrating the preparation and use of the Carrell-Dakin solution in infected wounds.

The House of Delegates met and selected Columbus for the next meeting place; time of meeting, May, 1919.

Officers elected were: President, E. J. Libbert, Aurora; vice president, G. G. Graessle, Seymour; secretary, O. A. DeLong, Azalia; treasurer, James W. Benham, Columbus.

Resolutions were passed on the deaths of Drs. R. E. Holder, Columbus; Toney Hunter, Versailles, and D. J. Cummings, Sr., Medora.

Meeting adjourned.

JOHN H. GREEN, Secretary.

INDIANAPOLIS MEDICAL SOCIETY

Meeting of April 16—Hotel Washington

Meeting was called to order by Dr. Norman E. Jobs.

Minutes of the previous meeting not read.

Dr. Jaeger moved that this society investigate the advisability of securing the old City Library as a place of meeting. No second.

Dr. T. B. Eastman read an editorial from the Indianapolis *Star* supporting vivisection and moved to intrust the secretary to write a letter to the Indianapolis *Star* commending its action. This motion amended to include the two other Indianapolis papers and was carried as amended.

First Paper: "Gunshot Wounds of Superficial and Deep Femoral Arteries Followed by Ligation and Amputation," by Dr. Harry K. Bonn. No abstract.

Second Paper "Spina Bifida," by Dr. Carl Ruddell.

Dr. Ruddell's paper was discussed by Dr. James Carter. He saw a case of spina bifida in Chicago and one in Boston. Chicago case operated, died in five days. Another case, boy 8 years old, brought to hospital for tonsillectomy found to have spina bifida not operated. Saw two cases in Indianapolis. One case two weeks old, operated, child died.

Dr. Taylor said his experience was limited. His precepts operated three or four cases by iodine injection, all died in four or five months. His impression that early operation might show good results. Never has seen a case recover.

Dr. Ferguson: Fortunate in not having had a case.

Dr. Thurston: Has had one case operated at four weeks. Still alive.

Dr. Bohn has seen four cases.

Dr. Langdon has seen one case 20 years old. Defect not marked.

Meeting adjourned. Attendance 23.

Washington Hotel, April 23, 1918

Meeting called to order by the President, Dr. N. E. Jobs. Minutes of the previous meeting not read.

Dr. P. E. McCown read a paper on "Renal Tuberculosis." No abstract.

Dr. Hamer, in discussion, complimented the paper and said patients with renal tuberculosis first come to the physician with bladder complaint. A cystitis encountered by the ordinary treatment is probably tubercular.

Under symptomatology he said menaturia is important, it is often the first symptom and may become the most prominent one. Pain is not a reliable symptom. The pain present is due to a blocking of the ureter. Occlusion of ureter may be a causative factor in producing tuberculosis as the kidney will usually throw off an infection if proper drainage is had. It is not uncommon to find ureter blocked on the affected side. This complicates diagnosis as urine from this side is not to be had for study.

Daily routine examinations of urine is essential to correct diagnosis under management—where blood symptoms are severe the management is difficult and an immediate attempt at diagnosis causes patient much discomfort. Easier in women than in men. These symptoms should be cleared up first by draining the bladder; this renders the nephrectomy easier.

Tuberculin is of value in building up the patient before and after operation.

Double renal tuberculosis presents a hard problem. Sometimes possible to give comfort by permanent perineal drainage.

Dr. Erdman.—This class of cases presents a hard problem to G. U. men as most all come when it is too late. Ninety per cent. of the cases are unilateral in the beginning, but among his cases quite a number had rapidly developed the infection in both kidneys. The cystitis symptoms are the ones that bring the patient to the doctor.

Frequency by day as well as by night in emptying the bladder being prominent. Hematuria is prom-

inent symptom. The bacilli is difficult to find in the urine. Dr. Erdman closed by reviewing his technic for staining; he first uses a 25 per cent. silver solution, then washes with alcohol until colorless, then uses the stain.

Dr. Barnes said the improved technic in the use of the cystoscope had done much to assist in the diagnosis of these cases.

Meeting adjourned. Attendance 40.

DR. A. L. MARSHALL, Secretary.

DELAWARE-BLACKFORD

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. building, Friday evening, April 5, and was called to order by President O. E. Spurgeon.

W. W. Wadsworth read a very able and comprehensive paper on the "Etiology and Pathology of Pneumonia." If it were possible to handle such a subject in a scientific manner, Dr. Wadsworth's paper surely was entitled to be considered in that class.

Abstract: Despite our present day knowledge of sanitation and our microscopic acquaintance with the various organisms which find entrance through the respiratory tract to the blood stream, pneumonia is on the increase. The micrococcus lanceolatus is best known by its prominent relation to lobar pneumonia although frequently associated with infections resulting in inflammatory processes in various other organs and viscera. However, the influenza and the Friedlander bacilli have been found to be the unmistakable cause of lobar pneumonia. We have been too prone to study pneumonia as a distinct unrelated entity apart from the general economy, when in reality it is a local expression of a general disease.

Physical examination will reveal evidence of pre-existing toxemia. The pneumococcus is a latent factor until vital resistance is broken down. That comparatively few contract pneumonia during an epidemic indicates individual rather than general susceptibility. Clinical findings prove the inflammatory reaction has its beginning prior to the initial chill of the onset. In the second stage (first seen by the physician) exudate is found to have filled the alveoli; the leukocytes clearly outlined and turgid. In both stages of hepatization may be found fibrin threads in one air cell which seem to twist into a thin cord and pass through the alveolar wall and spread into a network in the next air cell.

Fischer's theory is that preexisting toxemia, tissue acidosis, increase of colloid content as result of excess carbon dioxid locks up pneumococci in small bronchioles.

McCallum says: Increased colloidal exudate in form of mucous plugs imprison pneumococci in bronchi in sufficient number for effective growth. The pneumococcus lanceolatus, most prevalent and benign type of series, usually runs uncomplicated course. However, it is with the mixed infections or the streptococcus group we have our complications, with wider distribution of infection and other areas of localization. The pathology and clinical significance of pneumonia are modified by the type of infecting organism.

In the various army cantonments much valuable data have been added during the past winter in a study of pneumonias complicating measles, and due to streptococcus hemolyticus.

We know that the crux of the whole pathology and prognostic problem in pneumonia is that of the circulation, therefore we must conclude that the pathology of the heart and nervous system is primary and basic to a clear comprehension. "A marked deviation from a high to a low blood pressure with weakened irregular pulse is a bad omen," as is the association of an enfeebled heart with dilated peripheral vessels. With increased viscosity, pulmonary stasis through consolidated areas and pericarditis with effusion; inhibition of coronary circulation and heart block is a possibility always to be feared. Heart block arises from cardiac imbalance in which arrhythmic impulses of auricles and ventricles vary widely.

Apart from organic changes in the heart itself, the central nervous system is often involved through the general distribution of toxins. We often find in pneumonia, as in diabetes, the characteristic acetone breath. From the initial symptoms of chill in which we have a constriction, to the extreme relaxation and profuse sweating of the post-crises, are vasomotor reactions. On the stability of the nervous system and the integrity of the heart hang the issues of life or death in pneumonia.

If any physician from Galen down has discovered the cause, the disease entity, its morbidity and specific treatment or cure, he died with the secret all his own. If any physician now living knows these things and it can be proven against him, he should hang as a traitor for withholding valuable information.

C. A. Sellers led in the discussion.

Adjourned.

Meeting of May 3

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. Building, Friday evening, May 3, and was called to order at 8:30 by President O. E. Spurgeon.

It was voted that our Society pay the annual dues of any member who has or may enlist in the service of the U. S. Government during the continuance of this war.

O. E. Spurgeon reported a case of tumor of the chest as follows: About three years ago a married woman, aged 31, came to me for examination, complaining of loss of weight and pain in her back near the angle of the right scapula. By percussion an area of dullness was found in the back at the place where she complained of pain. X-ray examination showed a tumor within the right side of the chest, about four inches in diameter, almost round; located near the back. She had no cough and no fever.

After a tentative diagnosis of sarcoma, this woman was sent to Baltimore for treatment with radium. Following her treatment she rapidly lost strength and weight for about two weeks, then she began to improve, and after about three months almost regained her normal condition. Three months later she lost what she had gained. Again she returned to Baltimore for treatment with radium. This treatment had a similar effect to the first one. After the good effect of the radium treatment was gone, autolysin was used

at intervals of three days for about two months, then stopped. X-ray exposure of the chest was made once a week for about two months. None of these treatments had any effect in diminishing the size of the tumor as shown by the X-ray. At the end of two and one-half years she had a hemorrhage of the lungs. This recurred twice at intervals of two weeks. About this time she began to have epileptiform convulsions and became so nervous that she could not comb her hair or feed herself. Convulsions would sometimes occur during her sleep. All of these nervous symptoms were relieved by the continued use of moderate doses of chloral. Following the relief given by chloral her weight increased, and she was able to do her house work and go about on the streets. One night she retired in apparent good health. She awoke about two o'clock with a severe hemorrhage of the lungs, of which she soon died. Postmortem revealed a tumor within the lung tissue which extended to the posterior chest wall where it was adherent to an area about three inches in diameter. The size and shape of the tumor was as described under the X-ray findings. There did not seem to be any definite capsule. This mass was made up of a substance about the consistency of stiff, cold mush, throughout which were coarse granules like sand, apparently composed of calcareous material. The entire mass was homogeneous structureless material. A large bronchus was filled with blood showing that a vessel had ruptured.

M. A. Austin read a very interesting paper on "The Industrial Clinic," dwelling particularly on the organization as perfected in his home town (Anderson) in connection with the Remy Co. This company has found it profitable to establish an emergency apartment including hospital bed, X-ray and chemical laboratories, amply equipped surgery and general examination rooms with modern diagnostic facilities. Every applicant for a job must pass a physical examination: his defects are noted and he is advised to secure proper treatment. Two or more hours each week are devoted to the inspection of employees and any who may feel slightly indisposed or unable to work may have their conditions passed upon by calling at the clinic.

This arrangement is proving of great advantage to the employees as many times a serious defect is brought to light. It is also helping the practice of other reputable physicians, for in every instance when disease or defect is discovered the patient is advised to consult his family physician or a specialist competent to treat such conditions.

W. A. Spurgeon and L. L. Ball being both directly and indirectly interested, led in the discussion. Dr. Spurgeon thought the plan excellent, but hardly applicable to a concern employing less than five hundred workers. He believed two or more of the smaller companies might unite and jointly maintain such an equipment.

Dr. Ball said some sort of a proposition had been considered by Ball Brothers, but some of the employees opposed the project because it tended to interfere with their "personal liberty."

The paper was also discussed by Drs. Sellers, Wadsworth, Hill, Molloy and others.

Adjourned.

H. D. FAIR, Secretary.

JASPER-NEWTON COUNTY

Met May 31 with Dr. E. C. English at Rensselaer.

Mrs. Gwin of Rensselaer presented the child welfare movement, and asked the cooperation of the physicians in the various communities. Motion was carried that the members of the society assist in every way possible with the movement.

Paper presented, "Differential Diagnosis of Smallpox," by Dr. F. H. Hemphill. Of the classical symptoms mentioned, especial emphasis was made of backache and palmar eruption; stated that vaccinations made in recent years were usually effective, while many of the older ones were not.

If possible, Dr. and Mrs. English won additional favors from the society with refreshments.

Dr. G. H. Vankirk of Kentland has recently been commissioned in the Medical Reserve Corps as a captain, and is waiting a call to the service.

O. E. GLICK, Secretary.

MONTGOMERY COUNTY

The Montgomery County Medical Society met in the lecture room of the Center Presbyterian church, Crawfordsville, May 7, at 7:30 p. m. The Society was called to order, and Dr. W. T. Gott of Crawfordsville read a letter from the Government and State Council of Defense advising the enlistment of doctors for the Army.

This Society has six doctors with commissions in the Army, as follows: Dr. N. A. Cary, Dr. George T. Williams, Dr. H. B. Williams, and Dr. C. W. Howard, all of Crawfordsville; Dr. J. O. Rhea of Linden, and Dr. J. B. Talmage of Ladoga. Three more doctors recently enlisted are Dr. W. W. Munsell of Crawfordsville, Dr. Frank Riley of Linnsburg, and Dr. C. M. Wray of New Richmond.

Thirty members of the Society were present at this meeting, and all the doctors of the county have offered their help to the Government while engaged in this great conflict.

Mr. Henry from the English army was present and related some of his experiences while engaged in battle at the front, where he was twice wounded. He was strong in his denunciation of the German mode of warfare.

Dr. W. F. Batman of Crawfordsville was elected president of the Society, and Dr. B. F. Hutchings of Crawfordsville, secretary-treasurer. Dr. Batman was president of the Putnam County Medical Society for the year of 1886, and vice president of the Indiana State Medical Association in 1897.

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

CHLORCOSANE.—A liquid, chlorinated paraffin, containing its chlorine in stable (non-active) combination. It is used as a solvent for dichloramine-T and is itself without therapeutic action.

CHLORCOSANE-CALCO.—A brand of chlorcosane containing from 31 to 35 per cent. of combined chlorine. The Calco Chemical Co., Bound Brook, N. J.

CHLORCOSANE-MONSANTO.—A brand of chlorcosane containing from 27 to 30 per cent. of combined chlorine. Monsanto Chemical Co., St. Louis, Mo., (*Jour. A. M. A.*, May 18, 1918, p. 1459).

PROPAGANDA FOR REFORM

MAYR'S WONDERFUL STOMACH REMEDY.—This is a "patent medicine" adaptation of the old "fake gallstone" trick, which consists of selling large doses of olive or other oil and a saline cathartic. The result of taking this combination is the passage of a number of soapy concretions which the victim is persuaded to believe are gallstones. In 1915 Mayr was convicted under the federal Food and Drug Act for making false and fraudulent claims for his "remedy." As the Food and Drug Act applies only to the packages of a preparation and not to store window displays and newspaper advertising, Mayr has revised the labels, etc., for his "patent medicine," but still makes misleading claims elsewhere (*Jour. A. M. A.*, May 11, 1918, p. 1393).

COTARNIN.—Cotarnin is an artificial alkaloid derived by oxidation from narcotin, by a process analogous to the derivation of hydrastinin from hydrastin (which again differs from narcotin only by an additional OCH_3 group). Cotarnin hydrochlorid is marketed as stypticin, and cotarnin phthalate as styp-tol. Cotarnin is used systemically mainly against uterine hemorrhage, especially in menstrual hemorrhage, endometritis and congestive conditions. It is ineffective against postpartum hemorrhage or bleeding from gross anatomic lesions, and probably also against hemorrhage in other internal organs. Local application of cotarnin in substance or concentrated solution has a direct vasoconstricting effect and is used in tooth extractions, epistaxis, etc. (*Jour. A. M. A.*, May 11, 1918, p. 1396).

SYPHILODOL.—According to the French Medicinal Company, New York, Syphilodol is a "synthetic chemical product of silver, arsenic and antimony," the effects of which are very similar to those of salvarsan and neosalvarsan, with the advantage that, in addition to being available in ampules for intramuscular or intravenous use, it is also furnished in the form of tablets for oral administration. The A. M. A. Chemical Laboratory reports that each Syphilodol tablet contained approximately $\frac{3}{4}$ grain yellow mercurous iodid with minute traces of arsenic, silver and antimony. The laboratory further reports that a Syphilodol ampule contained a liquid having the characteristics of water, in which the presence of less than 1/6000 grain of arsenic could be demonstrated. Shorn of its mystery, Syphilodol therefore is essentially the old, well-known "protoiodid of mercury" (*Jour. A. M. A.*, May 18, 1918, p. 1485).

PYOCYANEUS BACILLUS VACCINE.—When this vaccine was admitted to New and Nonofficial Remedies in 1910 it gave promise of having therapeutic value. Now the firms whose products are described in New and Nonofficial Remedies advise the Council on Pharmacy and Chemistry that they have ceased to make the vaccine because of lack of demand. Holding the lack of demand as evidence that the vaccine had

proved without value, the Council directed its omission from New and Nonofficial Remedies (*Jour. A. M. A.*, May 18, 1918, p. 1496).

THE DR. CHASE COMPANY.—A fraud order prohibiting the use of the mails has been issued by the postoffice department against the Dr. Chase Company. This patent medicine concern sold three remedies—pills—which, before the Food and Drugs Act made lying on the label irksome if not expensive, were known, respectively, as "Dr. Chase's Blood and Nerve Food," "Dr. Chase's Kidney Food" and "Dr. Chase's Liver Food." Since the enactment of the Food and Drugs Act, however, the term "food" in the name of the nostrums has been changed to "tablets" for obvious reasons. In 1917 K. E. Hafer, the proprietor of the Dr. Chase Company, was fined under the Food and Drugs Act for misbranding (*Jour. A. M. A.*, May 25, 1918, p. 1557).

CAPSULES OF BISMUTH RESORCINOL COMPOUND.—According to the label, each capsule of Bismuth Resorcinol Compound (Gross Drug Co., Inc., New York City) contains bismuth subgallate, 2 grs.; resorcinol, 1 gr.; betanaphthol, $\frac{1}{2}$ gr., and creosote (beechwood), 1 m. The preparation was declared inadmissible to New and Nonofficial Remedies because unwarranted therapeutic claims were made for it; because the name is not descriptive of its composition, and because the combination of the stated drugs in fixed proportions is irrational (Reports Council Pharmacy and Chemistry, 1917, p. 139).

ELIXIR NOVO-HEXAMINE.—The A. M. A. Chemical Laboratory reports that Elixir Novo-Hexamine (Upsher Smith, St. Paul, Minn.) is not a "stable, palatable, potent preparation of Novo-Hexamine, an acid compound of hexamethylenamine," as claimed, but a flavored and colored solution of sodium acid phosphate and hexamethylenamine in diluted glycerol. The Council on Pharmacy and Chemistry considered the report of the laboratory and the advertising claims, and declared Elixir Novo-Hexamine inadmissible to New and Nonofficial Remedies because its composition is secret; because the ill-advised use by the public is invited; because unwarranted therapeutic claims are made for it; because the name is misleading, and because it is irrational to prescribe hexamethylenamine and sodium acid phosphate in fixed proportions (Reports Council Pharmacy and Chemistry, 1917, p. 142).

FORMOSOL.—Sunshine's Formosol (The Formosol Chemical Co., Cleveland, Ohio) is claimed to contain 18 per cent. formaldehyd in a solution of soap. The preparation was refused recognition by the Council on Pharmacy and Chemistry because it was advertised indirectly to the public and because unwarranted therapeutic claims were made for it (Reports Council Pharmacy and Chemistry, 1917, p. 145).

KALAK WATER.—Kalak Water (The Kalak Water Co., Inc., New York) is a carbonated, artificial mineral water, said to contain in one million parts sodium carbonate, 4.049.0; sodium phosphate, 238.5; sodium chlorid, 806.3; calcium carbonate, 578.2; magnesium carbonate, 48.9, and potassium chlorid, 47.9. In view of the false and absurd claims made, the Council on Pharmacy and Chemistry declared Kalak Water inadmissible to New and Nonofficial Remedies (Reports Council Pharmacy and Chemistry, 1917, p. 148).



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BOOK REVIEWS

THE WAY OUT OF WAR. Notes on the Biology of the Subject. By Robert T. Morris, F.A.C.S., author of "To-Morrow's Topics Series." Cloth, \$1 net. Doubleday-Page & Company, Garden City, New York, 1918.

The views of a scientist so well known as this author in discussing the way out of war from an entirely different and unique point of view ought to be of general interest, especially at this time.

The biologists or jurists, the author says, will be the ones to "construct the Magna Charta of peace for to-morrow's nations," for the others have failed. How natural science will operate with that end in view, the author attempts to formulate. His conception of the broader aspect of that question is original, indeed, and his ideas in general indicate the thinking and reasoning of a true scientist of the highest order.

THE PRACTICE OF PEDIATRICS. By Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital. Second edition, revised and reset. Octavo of 913 pages, 136 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$6.50 net.

This second edition seems destined to attain even more popularity than the first edition, which met with wide-spread approbation on the part of the medical profession. So much progress has been made in pediatrics during the last three or four years that this new edition has required many changes, and, therefore, the author announces that twenty-five new articles have been added, sixteen chapters have been largely rewritten, and lesser changes made in many

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others. A great deal of the old material has been removed and in its place has been substituted that which the author hopes will be of more service to the practitioner and student. To many teachers this volume will appeal as almost a classic, and of course it will be unhesitatingly recommended to students. The general practitioner also will find it an admirable work of reference. It is comprehensive, yet thoroughly practical and up to date. We have no hesitancy in recommending it most highly.

MANUAL OF VITAL FUNCTION TESTING METHODS, and Their Interpretation. By Wilfred M. Barton, M.D., Associate Professor of Medicine, Georgetown University; Attending Physician to Georgetown University Hospital, Columbia Hospital and Washington Asylum Hospital. Second Revised and Enlarged Edition. Cloth, \$2 net. Richard E. Badger, Publisher, Boston, 1918.

The appearance of a new edition within a year of the publication of the first edition of this book is sufficient testimony to the value of the work. Those who are acquainted with it from its first edition know that it contains so much in so little that its value cannot be overestimated. Not that it contains anything original—no such claim is made by the author—but it brings together in brief, concise form a mass of information which is scattered very widely through medical literature, information of such a kind that the student and physician has to seek it quite often.

The additions included in this new edition bring this work fully up to date, so that this work ought to enjoy as wide a popularity as it has during the past year.²

MEDICAL WAR MANUAL No. 5. Lessons from the the Enemy. How Germany Cares for Her War Disabled. By John R. McDill, M.D., F.A.C.S., Major Medical Reserve Corps, U. S. Army. Illustrated. Cloth \$1.50. Lea & Febiger, Philadelphia and New York, 1918.

The author of this manual has had opportunities during this war for medical service in England, France, Germany and Austria. Thinking that much might be learned by us from a knowledge of the methods adopted by Germany for the care of her war disabled, he has given in this manual the information he obtained from his observation in that country. To anyone interested in a subject of this kind this book will appeal as one of unusual interest. It gives an insight into one phase of the "much-vaunted efficiency of German methods" which, at present, can not be obtained publicly from any other source so reliable as this one. There is so much in this little book that it ought to be one of the most popular of the series of medical war manuals.

MEDICAL WAR MANUAL No. 6. Laboratory Methods of the United States Army. Illustrated. Cloth \$1.50. Lea & Febiger, Philadelphia and New York, 1918.

This little manual has been compiled by the Division of Infectious Diseases and Laboratories in the office of the Surgeon-General of the U. S. Army. It has been compiled largely by members of his staff, but a number of members of the Medical Reserve Corps outside of that office have contributed minor sections and descriptions of special methods.

It is stated quite distinctly that this manual is not a text-book, but "a collection of formulæ and technical methods which will be useful in carrying out laboratory examinations which officers of the Medical Corps will be called upon to perform in stationary

and in field laboratories." Not only these officers, but students and all laboratory workers will find in this manual an abundance of valuable suggestions and advice.

TUMORS OF THE NERVOUS ACUSTICUS AND THE SYNDROME OF THE CEREBELLOPONTINE ANGLE. By Harvey Cushing, M.D., Professor of Surgery at Harvard University; Surgeon-in-Chief to the Peter Bent Brigham Hospital, etc. Octavo of 296 pages, with 262 illustrations. Cloth \$5.00 net. Philadelphia and London: W. B. Saunders Company, 1917.

Those who know this author and are acquainted with his work must feel that it would be presumptuous to comment on any of his work in other than words of the highest praise. The earnest and sincere attention that he has devoted to the subject of brain tumors in general, and to this special type of brain tumor in particular, has enabled him to contribute a mass of valuable information bearing on both of these subjects.

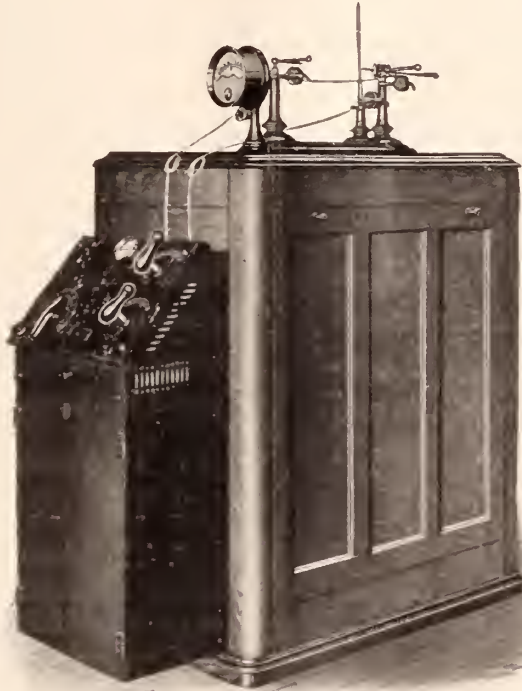
In this monograph he has brought out all points bearing on the subject of tumors of the eighth nerve and the cerebellopontine angle syndrome. His entire experience up to the time he was called for overseas service, including a comprehensive reference to the literature, is given. Every phase of the subject is discussed: the etiology and incidence, pathological anatomy, symptomatology, diagnosis, and surgical treatment. In addition an abundance of illustrations of the finest kind in every respect is included. How much they help in the teaching of a subject of this kind can not be appreciated without a personal acquaintance with this work.

THE SPLEEN AND ANEMIA. Experimental and Clinical Studies. By Richard Mills Pearce, M.D., Sc.D., Professor of Research Medicine; with the assistance of Edward Bell Krumbhaar, M.D., Ph.D., Assistant Professor of Research Medicine, and Charles Harrison Frazier, M.D., Sc.D., Professor of Clinical Surgery, University of Pennsylvania. With 16 illustrations, color and black and white. Cloth, \$5 net. Philadelphia and London: J. B. Lippincott Company, 1918.

The investigations that this author and his associates have been carrying on during the past few years on the spleen and the splenic anemias already are well known to every physician interested in that subject, for the results of these studies as they have appeared in the literature have been attracting increasing interest. These different papers have been rearranged and largely rewritten, and are now presented in book form with the idea of giving a "consecutive comprehensive presentation of the general experimental problem."

The material is presented in three parts. Part I includes the experimental studies of Dr. Richard M. Pearce, the author-in-chief, and takes up more than half of the volume. Part II contains clinical observations by Krumbhaar. In the ninety pages of his contribution he gives clinical data and information of the greatest value to the practicing physician. Part III is given by Charles H. Frazier. This embraces his observations on the surgery of the spleen and all the new points relating to this operation brought out by the increasing experience of the past few years.

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VOLUME XI
NUMBER 7

FORT WAYNE, IND., JULY 15, 1918

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Next Annual Session, Indianapolis, September 25, 26 and 27, 1918

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VOLUME XI

FORT WAYNE, IND., JULY 15, 1918

NUMBER 7

ORIGINAL ARTICLES

A SURVEY OF THE TRACHOMA SITUATION IN INDIANAPOLIS*

BERNARD J. LARKIN, M.D.
INDIANAPOLIS

In the early days of 1916 several cases of trachoma among the schoolchildren were reported to the Department of Public Health and Charities by the school inspectors and nurses. As all the subsequent reports included more children thus afflicted, the board of health decided that such a condition must not be permitted to continue, first because of the serious loss to the children themselves, and secondly because of the danger of having the disease spread to others. Immediate action, therefore, had to be taken to relieve the afflicted children and to guard against any further development of this trouble.

Even though the children with trachoma were given the proper treatment, the board of health realized that this kind of action alone would not get at the root of the matter. As the disease is contagious and as other children were constantly liable to its inroads, a very complicated problem presented itself. At length it was decided that steps must be taken to determine, if possible, the source of this infection. The school nurses might follow up the suspected cases to their homes, examine the members of the immediate family and if trachoma was discovered compel the treatment to be taken; but to offer treatment only when the symptoms of the disease became visible in different places and at different times would certainly not get at the heart of things. What, then, could be done?

First of all, it was an established fact that these were a certain number of known tra-

choma cases, so the question was to find out whether or not this large number of afflicted schoolchildren was due to an epidemic of this disease. Secondly, it must be ascertained whether or not the source of this infection lay in the school, in the homes, or in the factories where the members of the respective families were employed.

As most of these facts were unknown and immediate action was deemed necessary, the Department of Public Health and Charities finally decided that a very searching survey or study should be made in the industries, in the schools and in the homes, to discover if possible the source of this trouble. Accordingly, Dr. Herman G. Morgan, secretary of the board of health, was authorized to appoint a survey staff, consisting of a nurse and an oculist. For the latter position I was privileged to be selected. Our instructions were, in brief, to try to ascertain the exact source of this infection by endeavoring to trace the disease, if possible, to its very first development.

The primary steps were not so difficult, because we knew of the reported schoolchildren and so could easily follow these cases to their homes. Here we were confronted with new phases of our research problem. It was found that many trachoma subjects lived in the same neighborhood and in some instances in the same house with these afflicted schoolchildren. The next question that confronted the survey was whether or not these same children contracted this disease from their family associates and neighbors. If so, did these family associates and neighbors contract it from their fellow-workers in the different industries where they were employed throughout the city? It was then quite evident that the last analysis of the trouble could not be ascertained until we had entered these factories where the fathers and mothers or other relatives were working.

* Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

SURVEY OF THE INDUSTRIES

Because we could make but little progress in our survey work among the schoolchildren before the close of the school term overtook us, it was decided to direct our energies to the different industries and later return to the examination of the schoolchildren. Consequently, in April, 1916, we entered a packing establishment where we knew that a few of the family associates of the different afflicted schoolchildren were employed.

The reception in this establishment was rather formal and cool. The management was somewhat dubious as to our good intentions, and also had their own ideas about the practical value of our investigation. However, when they were convinced that the employer as well as the employee would benefit by our research work, and that further friction with the board of health would be avoided, we were privileged to proceed on our mission. Fourteen cases of trachoma were discovered here among the 500 employees.

All the employees except the office force were examined. The time-keeper guided us through the plant, checking off the names as the men were examined. It required only a few seconds to inspect the conjunctiva, so we made rapid progress and the men did not lose any time from their work. In my right hand I carried a gauze sponge saturated with alcohol, which I used to cleanse the left thumb and fore-finger after touching the eye lashes when inverting the upper lid. Whenever there was evidence of an infection I always washed my hands with germicidal soap, water and alcohol. The nurse kept all the records. As a case was discovered she filled out a special history card which was filed with the board of health; she also instructed the patients in the care of the eyes and how to avoid the spreading of the contagion at home.

It may be of interest to state here that the employees at first were inclined to be skeptical and look with doubt on our proposed plan. They resented very much any examination whatsoever, just as is the custom of all laborers to oppose a physical examination of any kind until they are definitely persuaded of the good that will result from such a move. After a time, when they realized what we were doing, they willingly submitted to the examination, either through fear of being discharged if unwilling to comply, or because some of the workers really suffering from the disease, when aware of our work, grew anxious for treatment.

For over six months visits were continually made to the different establishments. As mentioned above, one of the largest packing industries in the city was selected for our first investigations. Following this we entered the factories of the metal-trades industry, and then proceeded to other miscellaneous establishments, and all the while we continued to discover some very interesting developments of trachoma.

In these various factories in the city, 10,000 workers were examined and approximately 100 cases of trachoma were found. That is to say, that only 1 per cent. of all those examined had this disease. In the different packing houses that we entered, 4,050 workers were examined and thirty-five trachoma cases, or 0.8 per cent., were in evidence. In the metal-trades establishments, such as foundries, machine shops, implement factories, etc., 3,300 men were examined and there were twenty-five subjects, or 0.7 per cent. Among the miscellaneous establishments, such as bleaching, biscuit, candy and furniture factories, 2,650 men were examined and thirty-five trachoma cases revealed, or 1.4 per cent. of those examined were found with trachoma.

To be more clear, we may say that out of these 100 trachoma cases found among 10,000 workers, 35 per cent. were in the packing industry; 25 per cent. in the metal-trades industry, and 40 per cent. were among the miscellaneous establishments.

SURVEY OF THE SCHOOLS

When the schools reopened in September, 1916, Dr. Morgan, secretary of the board of health and director of the survey, had the survey look after these afflicted children who had been excluded from school during the previous spring because of trachoma, for he wished to know if they were in a position to return to their studies. We accordingly examined these children on record at the health office as having trachoma, and if we thought that any had recovered we reported the names to the board and school authorities, so they would be able to resume their studies.

To more fully ascertain the status of the schoolchildren in regard to this disease when the schools reopened, we first inquired of the principals or teachers whether or not there were any children suffering from sore eyes. When the teachers put this question to the children, almost every child stated that it had eye trouble. On examining them, however, nothing was

found wrong with the conjunctiva. Consequently, we discarded this method of procedure, because it was both inadequate and inexpedient.

The first school entered was School No. 7 on Bates St., where 246 pupils were examined and 7 trachoma cases and suspects were revealed.

The principal was always consulted before we began an examination, and she decided the best method of procedure, whether it should be privately in the cloakroom or the entire class in the room. We felt that she knew how to handle her pupils and we readily acquiesced. Still, it was always a slow process, making a private examination. The psychology of this work was wonderful. If the first child smiled and said it did not hurt, the rest was easy; and the contrary is also true.

It may be well to note here that the survey devoted to the examination only three mornings, while the nurse devoted her entire time to the contagious disease work.

You must realize that it required time to complete this work, especially in the lower grades. Here we avoided inverting the upper lids in the smaller children because they became frightened, some fainted and several other excitable events occurred.

One of our first assumptions was that we believed trachoma to be limited to those schools of the city located in districts where mostly dwell the wage earners whom we examined in our industrial survey. In fact, in the report submitted by the survey staff to the Department of Public Health and Charities during the month of August, 1916, we ventured to state that, from the findings at hand, the disease was limited to the above-mentioned quarters of the city. However, as we proceeded to examine other schools we continued to find more trachoma; in other words, the further research disproved the earlier assumption.

Children were examined in the southern and southeastern sections of the city, outside of the supposedly trachoma-infected localities, and several were found afflicted with this disease. Likewise in the northeastern section of the city more cases were brought to light among these young students. In the northeastern quarter of Indianapolis some surprising developments of this trachoma were further revealed. Time did not permit us to enter the schools of the North Side, in what is known as the "better section" of the elite residential district. Whether or not trachoma could be found in these schools is a matter of conjecture. Although some may con-

tend that an examination of these North Side schools would have been a waste of time, still the members of the survey do not feel as if they could commit themselves. We found trachoma in unsuspected schools and in undreamed of places. Consequently, it would only seem expedient that we permit the investigations to speak for themselves.

Eventually 18,045 children were examined as we worked last school year, and approximately eighty cases of trachoma were revealed among this young army. To be more specific, I will divide the city into different sections to show just how the proportions stand:

Section	Number of Students Examined	Number of Cases Found	Per Cent. with Trachoma
Eastern	2,896	5	0.002
Western	2,737	10	0.003
Southeastern	4,801	16	0.003
Northeastern	3,769	13	0.003
Southwestern	2,402	25	0.01
Northwestern	1,440	8	0.005
Total	18,045	77	0.0045 ¹

Or, to state it differently, we can say that out of the 18,045 schoolchildren examined with seventy-seven cases revealed in the different sections of the city, 0.06 per cent. were in the eastern part of Indianapolis; 0.17 per cent. of the children infected with this disease were found in the western part of the city, 0.20 per cent. in the southeastern; 0.16 per cent. in the northeastern section; 0.32 per cent. in the southwestern, and 0.10 per cent. in the northwestern part of Indianapolis.

From the above-mentioned facts it can readily be ascertained just how the schoolchildren are affected with trachoma. It is evident that trachoma may not be in one but all quarters of the city and the only thing to do is to try to fight the ravages of this plague to the best of our ability in each and every locality.

SURVEY OF THE HOMES

The work of visiting the homes of the various trachoma subjects was very interesting. We followed up the children and investigated their domestic environment and acted according to the nature of our findings. Reports might come to the board of health that some poor colored women with children all under school age were suffering from sore eyes; consequently we made personal visits and gave or suggested treatment just as the nature of the case demanded.

There is one incident of the work of the survey that deserves some comment. A call was

1. This 0.0045 per cent. is the average for all districts.

made to a certain house in the southwest portion of the city. For convenience we will call it old Kentucky, because most of the people in the colony came from that state. Trachoma was very prevalent. From grandma down to the younger children all were afflicted with it. The humor of it was that they all considered it a passing trifle, and the affliction of sore eyes was looked upon as a treasured family heirloom. It seemed that it had been in the family as far back as grandma, who had been blind for twenty years, could remember. No one of that family was ever fully endowed with all the blessings of nature until they had passed through the agreeable stage of sore eyes. We examined all of the tribe and rendered some very good relief work. The nurse took particular interest and taught them how to take care of themselves and avoid the spreading of this disease. Only last week we saw many of the children and their eyes seemed apparently normal.

Visits were made to the homes at different times, but only when reports registered at the offices of the board of health called for such action. It may be further stated that numerous visits to the homes were follow-up cases regarding the schoolchildren. Approximately 1,200 visits were made to the different homes.

TREATMENT

So far we have seen how the survey was carried on in the field. Now we shall consider the matter of treatment of the employee, the schoolchildren, and the cases found in the homes. This was the most gigantic task confronting the survey. We might find all kinds of trachoma cases, but unless we made adequate provision for follow up and treatment, most of the results of our findings would be of no avail.

EMPLOYEES

Because we had brought to light so many facts in the industrial field, it became very urgent that these cases receive immediate attention and treatment. But how could this be done? An order may be issued from the office of the board of health for certain employers to look into the medical need of their men. If such an employer thought this step would be too expensive he would expel the men and be relieved of this obligation. Still, the city would not profit by such action.

Since many of the employers were willing to cooperate with the survey while working in different factories, Dr. Morgan suggested that we further employ the kindness of these employers by having them treat their men from

their dispensaries; they could engage their own physician for this treatment and work through the first aid departments. When suggested, this plan, on the whole, met with the approval of the broad-minded and progressive employers. So this particular phase of the treatment was well provided for.

Another plan was suggested by Dr. Jobes, of the National Malleable. He offered the dispensary of this establishment to the members of the survey for their own use, to care for certain of the company's employees and all of the trachoma cases in the surrounding district. This idea was readily endorsed and the favor accepted, because most of the people with trachoma in this district were of the poorer type. They would not consult an oculist, and because the city dispensary is opened only in the mornings they would scarcely consent to leave their work. Therefore, treatment had to be brought to them. Accordingly, Miss Barnes, the nurse, and I traveled over there every Wednesday evening and treated the patients. Just as soon as the men improve, however, they fail to attend the clinic, believing they are well. As a consequence, the dispensary was closed early in the fall because of the lack of attendance.

The task of persuading the trachoma subjects to continually use their medicine is a rather difficult one. Even though they have it furnished them at a nominal cost, they will cease treatment once their eyes begin to improve.

Do not misunderstand me. We always advised the patients to consult an eye specialist, but the majority made such low wages and had a family, and this recommendation seemed to frighten them. So the greater part of the treatment fell upon the survey. Several of the younger fellows, however, had gone to their physicians for treatment.

CHILDREN

The schoolchildren, it was felt, needed the best of care and treatment, because, as you are aware, old trachoma will improve under treatment only to have an acute exacerbation sooner or later. As a result we directed our greatest energy to the children and endeavored to meet all obligations and complaints of parents and guardians in opposition to such action.

It was because of this infection among the schoolchildren that the survey was inaugurated. In the early months of 1916 several children were examined and found with trachoma, and treatment accordingly applied. Not, however, until the fall of the year was an intense effort made toward relieving these children. As soon

as a case was diagnosed it was reported to the board of health and immediately excluded from school. The board insisted on the practice of carding the house. This had its advantages and disadvantages. The nurse constantly called at the home, instructing the mother regarding the care of the patient and demonstrating certain phases in the case of the child; then left a list of Don'ts. In some cases operation was advised, and in others medication alone sufficed.

It might be well to state here that the results of these cases depend upon the nurse who visits the home every week or so, where she advises and instructs the members of the house regarding the treatment of trachoma and also sees that the patient is kept in medicine. I wish to commend the board in its choice of nurses, Misses Barnes and Baker. They were excellent workers and were very much interested in their work on the survey, and it is through their industry that we have obtained such striking and favorable results.

The duties of the nurse are numerous, but especially important is the tactful task of learning the financial condition of the family. If she thinks they are able, she instructs them to go to the physician; but if they are in any noticeable economic stress she admonishes them to call at the city dispensary. Often, she carries the medicine to them.

MEDICATION

In most instances we used a prescription containing tannic acid, sodium borate, glycerin, and camphor water, calling it collyrium, because we found it as effective as any medicine that could be used to gain the child's confidence. After the first instillation it was practically painless. Soon we followed it with copper citrate ointment 2 per cent., and then a 5 per cent. ointment. However, in certain cases we used a silver preparation and then adopted the others. Many patients did not improve, due, I think, to neglect and because these children were just as bad as a year ago when we discovered them; but when they treated the eyes the granulations disappeared like magic under copper.

OPERATIVE TREATMENT

We suggested operation to a certain number of the patients. Here we found that the staff man at the City Hospital sometimes did not approve of such suggestions, so we were at a loss in regard to these children, until the survey recommended to Dr. Jackson and other members of the board of health the idea of having certain days when these patients may be op-

erated on. It was finally adopted by the board that Dr. Newcomb, the staff men and the survey should have the privilege of operating on the children with trachoma. As a result twenty-two children were treated in this manner by the survey, Dr. Newcomb and the staff, and seven others by private surgeons, and I personally believe all were benefited or the duration at least shortened.

RESULTS

So far we have touched on the manner in which the different examinations for trachoma were conducted and how the treatment was applied to the different cases. Doubtless you are anxious to ascertain just what were the concrete results of our labors. That can best be understood by keeping in mind the exact purpose of our undertaking.

We started out to find, if possible, the source of the infection. At first we thought this trachoma was in a certain district and limited to certain classes of people. On visiting the homes of the afflicted children we sometimes found more trachoma among the family associates. We could not stop there, so we surveyed the industries to see if the factories were the breeding places of the trouble.

Some very definite information was secured in our work among the industries. First of all, among the 100 cases that we uncovered we were able to ascertain from the patients the history of trachoma. Several stated that they had had this eye trouble for years, while others, on the contrary, denied any knowledge of it whatsoever. It may be interesting to note that in one of the establishments visited, fourteen cases of trachoma were found, and of these five or six were among foreigners who lived in the same house, using the same towels, bedding, etc. Further, it was discovered that originally one of the company caught it and benevolently passed it along to the others, apparently.

We are of the opinion that the work of the survey checked, in some degree, the workings of this disease. Sanitation throughout the factory, and, especially in the lavatory, was insisted on. The roller towel and the general washing trough were tabooed.

Again, we were able to watch the conditions of the school through our findings in the industries. If any one was discovered with trachoma, we asked if there were any children in the family. If so, as to whether or not they likewise had trachoma. One striking incident of this nature will demonstrate the exactness with which we were forced to work.

A man—say Brown—an employee, had trachoma. When asked if he had any children with sore eyes he emphatically denied the existence of the same. A few days later in three different rooms in a nearby school three children had serious and suspicious looking lids. The nurse soon discovered that they were the children of the above-mentioned parent. We could continue relating such cases, but for the satisfaction of all concerned we will not bore you with such narratives.

From the schoolchildren with trachoma we were able to ascertain the condition of the parents in regard to the disease, and likewise the condition of the establishments where the parents were employed.

CONCLUSIONS

The conclusions, deduced from the investigation inaugurated by the board of health to find the source of the trachoma, are very evident. We have gone into factories and schools and into the different sections of Indianapolis, and everywhere found this infection. As a result we are of the opinion that trachoma is not limited to a certain section of Indianapolis, but that it is limited, however, to a certain class of people.

(a) Districts: Because in our report of August, 1916, to the Department of Public Health and Charities we stated that it was our opinion this infection was limited to certain districts, and because our later research work threw much new light on the subject, we now wish to retract our former statement and emphasize the fact that trachoma lurks in all parts of the city.

(b) People: The people among whom this infection was mainly found were former residents of Kentucky and from out in the state, with a comparatively small number of cases among the natives of Indianapolis. During the last few years a great many people have migrated to the city from the rural districts of this state; most of them are wage-earners among the class of unskilled or common laborers; their family surroundings are not the most hygienic and because of their seeming colossal ignorance of modern domestic sanitation there may be a reason for the predominance of this disease among this people.

Foreigners were also to be found with no small percentage on our records. They live in congested districts, have a great capacity for resisting effective sanitation, and pay little attention to slight bodily ailments.

(c) Children: The survey believes that children contract this trachoma from either members of the family or from playmates. If properly treated they will recover, or at least the granules will disappear.

(d) Cooperation: Since trachoma is so prevalent, the profession should cooperate with the health department to exterminate the disease before it becomes a menace. I am sorry to say that the report of the survey must state that the profession as a rule refused in many cases to accept the diagnosis of the survey, and at times even acted contrary to the advice of the board of health. This may be due to the newness of this research problem, and we confidently hope that when it becomes clear just what the Department of Public Health and Charities is striving for, the entire profession will endorse and whole-heartedly cooperate in this great social work.

A PLEA FOR MORE CONSERVATIVE OBSTETRICS *

DR. FRANK E. ABBETT
INDIANAPOLIS

The student of today, owing to the crowded condition of the modern medical curriculum, often leaves his alma mater with a rather feeble conception of the true art of *obstetrics*. He soon comes in contact with the man in his community who has been delivering most of the babies within a radius of twenty miles for the last fifteen years or more, and it is from him that the embryonic medico learns much in the way of common sense and judgment. The finer points of this great art cannot be taught but must be absorbed through clinical observation and careful study of a great number of cases. As this observation ripens into experience the conclusion might be reached that *obstetrics* is truly a lost art.

Great clinicians and writers of today are compiling statistics and doing wonderful work in the endless study of the logical consequences and development of the fertilized ovum in the human, but few are able to impress on the student that great sense of judgment and discretion which holds as its sacred reward the liberation of a soul, and the restitution to normal health, the donor of this new life. It is only by careful and continual study that this

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keen sense of judgment is developed. The prominent repeated examples of the lack of this development is what has prompted me to write this paper.

By conservatism I do not mean especially slow acting. I mean more careful diagnosis, well weighed judgment, and decided well directed action. This plea for more conservative *obstetrics* goes out especially to the general practitioner and surgeon as an appeal for the development of a keener sense of *obstetrical* judgment.

It would seem that in a community the size of ours, there would be room for men making a specialty of *obstetrics* exclusively. This condition exists in cities no larger than our own, but it has been proven conclusively here that it is impossible to subsist on the revenues derived from a limited practice of this kind. Thus it falls to the man in general practice to play the *obstetrical* tune for his little flock with the occasional surgeon accompanist, and it would appear that these flocks are well taken care of and satisfied, as is proven by the fact that the man who has taken the stand of an *obstetrician* exclusivum continues to allow his talents along other lines to become developed and active in order that he may supply the demands of his family.

A *doctor* to be a successful *obstetrician* must first be qualified by the possession of certain personal attributes which coupled with sound judgment and knowledge of the subject are absolutely essential. Vigilance and patience are, in the writer's estimation, attributes of the greatest importance. By vigilance I mean the careful watching and safeguarding of the parturient from the time she comes under observation until the end, and by the end I mean until the uterus has fully involuted. Only after a final inspection and examination eight weeks after delivery is this obligation of the accoucheur fulfilled. Of course we are not able to follow every case in this manner, but thanks to increasing civilization and more widespread medical education, this is becoming easier. The public is beginning to realize that it is not getting the best unless the *doctor's* instructions are followed to the letter, and the truth is dawning slowly though painfully that as better and more scientific medical service is being given it must be paid for proportionately.

For the crowning attribute of the accoucheur excelsans it would be well for us to turn to our

biblical ancestor Jobe, and possess ourselves of his historic attribute. Patience has pulled fools and midwives through many a tedious normal labor, but this patience was born of ignorance. Had it been coupled with knowledge, backed up with conservative judgment, much suffering to the *mother* might have been spared and not infrequently a life saved.

It is only when a patient realizes the importance of her assumed obligation and goes early to her *doctor* for advice and guidance that the best results can be obtained. It is from the beginning of conception that the utmost conservative judgment and vigilance is required on the part of the attending physician. A young woman presenting herself to a *doctor* with the question of pregnancy in her own mind, brings out the most delicate sense of diplomatic judgment and diagnostic skill, I believe, that can be produced in any line of medical work. The wiles and schemes of the married as well as the unmarried seeking relief from their unwelcome condition, demands the keenest judgment and conservatism. How to handle these cases and what to say to them can only be told by illustrative examples. Every one is a law unto itself, and patience, tact, vigilance, judgment and psychopathy all enter keenly into the handling of these cases. The path of the abdominal surgeon is constantly strewn with chances of mistaking an early pregnancy for some pathological lesion, and not infrequently is the abdomen opened only to disclose the true state of affairs. A very embarrassing situation of this kind was witnessed by the writer in one of the largest and best clinics in this country. The case had passed through the hands of three or four capable men and was presented in the clinic for operation for fibroid of the uterus. The history sheet which was read while the patient was being anesthetized, showed unmistakable evidence of fibroid. The abdomen was opened and the operator's hand was in the belly. "Gentlemen," said he, "I have here in my hand a four months pregnant, normal uterus. Someone will surely answer for this." The wound was closed promptly and the patient probably went on to term. An investigation of the error in diagnosis revealed the fact that the case had been referred to the clinic for operation by a well known man in the vicinity, who had frequently sent in cases and whose diagnostic ability was recognized. The usual careful and rigid examination on the part of

the assisting clinicians was lacking, in other words, their vigilance slipped up and the patient slipped by. So it goes to show that the edge gets dull on the keenest at times.

When the surgeon is called on to do a *caesarean* section, how many times, may I ask, does he stop to consider treating the case conservatively, by the induction of normal labor, forceps, version or craniotomy? Rarely, I would say, and why? Surely it is not the difference in the size of the fee which prompts the ruthless and indiscriminate perpetration of this operation. The moral wrong of indiscriminate caesarian section does not stop with the danger to the life of the mother and the babe. I believe that in this day of aseptic surgery these dangers are at a minimum, as compared with the demoralizing effect on the mind of the mother as regards future conceptions. This is a point that I think we cannot afford to overlook. A case nicely illustrating this point comes to my mind that might be well to cite as but an example of many similar cases. Mrs. ———, age 23 years, married, admitted to the ward of the hospital, diagnosis incomplete abortion. The salient points in the history as given by her were as follows: One previous pregnancy three years ago at which time she was very sick, and the *doctor* saved her life by performing a caesarian operation. Her limbs were swollen at that time and said she had albumen in urine. She felt quite badly throughout the pregnancy but gave no history of true eclampsia. Caesarian section was done at about term; patient in bed about three weeks and had an uneventful recovery. Baby lived a short time, though there was no reason to attribute its death to the method of delivery. She said that the *doctor* told her at that time that her kidneys were very bad and that she should never try to have any more children. Present illness: General health had been good, menstruated regularly following her operation up until about six weeks previously when she missed her period. When confident that she was pregnant she consulted a neighborhood *doctor* and explained in detail the conditions of the previous unfortunate pregnancy, and the advice she had received at that time. The *doctor*, whom I have never heard of being guilty of a similar irregularity, must have taken the situation seriously and without the slightest conservation of judgment, or patient vigilance whatsoever, intro-

duced something into this woman's uterus and three days later she began menstruating, much to the relief of both herself and the *doctor*. Condition on entrance: This was about one week after the abortion had been induced. Temperature 99.2, pulse 110, nutrition and general condition good. Tenderness low down in the pelvis, very little bleeding, but had been bleeding quite freely with the passage of a few very small clots four days previous to admission. A catheterized specimen of urine revealed nothing abnormal, blood pressure 116. Treatment: Patient vigilance, not even a vaginal examination made, ice cap over pelvis and morphine. In spite of the good treatment, the discharge became more profuse, serosanguinous in character, with quite an offensive odor. Temperature went up to 103.6, pulse 120, and the patient was ordered to the surgery and a careful dilatation of the cervix done and the putrid products of conception removed with the gloved finger. The uterine cavity was gently swabbed with iodine and an iodized gauze drain strip left which was removed at the end of twenty-four hours. Recovery was uneventful. At this time the pelvis was carefully measured and was found to be normally large, with a conjugate vera of 11 cm., without the slightest obstruction to the pelvic outlet. In conclusion, I would say that if a patient is going to die for the want of caesarian section, I firmly believe that in a vast majority of cases, especially of this type, the induction of labor would produce infinitely better results, and would display far more conservative *obstetrical* judgment.

The question has come up in my mind as to the reason why nearly 75 per cent. of the private cases delivered in the hospitals of this city are abnormal cases. By abnormal I mean that they receive some unnecessary interference from the accoucheur. This is a fact, and I believe that I can throw some light on the reason. A case is sent to the hospital on the advice of the attending physician, usually after some sign that labor has started. The excitement and hurry of the trip to the hospital is apt to increase the nervous element in the case. The patient arrives and is at once set on by the nurse for preparation. The intensity of the pains are exaggerated and her lamentations are heard throughout the hospital. The nurse hurries with her work, fearful of a precipitant

birth. The *doctor* arrives, scrubs up hurriedly and makes an examination, finding almost complete dilatation. The question is asked, "Shall I send for the surgery nurses?" and the thinking *doctor* is finally aroused from his deep thought and careful weighing of this very idea by a repetition of the question. The *doctor* perhaps feels that it will be some time before delivery, but wants to be sure everything is ready, and the patient is quite noisy, so he reluctantly says "yes." The patient is finally hurried to the delivery room and the bountiful array of sterility unfolded. The condition of the patient by this time, especially if she be a primipara, might be compared to the thoroughbred race horse in her maiden derby, and it is not surprising that she is often left shivering at the post. The pains have gotten further apart or have ceased entirely, due to nerve fatigue. "Uterine inertia," or "large head not moulding properly," says the *doctor*. Pituitrin or forceps are resorted to and a nice, quick, specular delivery is made and the nurses say, "He is a fine *obstetrician*," because they were through in time to go to a show or get much needed rest. All this has of course been accomplished at the expense of the patient. I will venture to say that there is more conservative judgment displayed in the surrounding communities by the conscientious *doctor* who likes *obstetrical* work and has learned to respect it as an art.

The past few years have brought the development of many new and useful adjuncts to the *obstetrical* armamentarium and have taught us many things. The much abused and misused pituitary extract has at last been corralled and put into its proper place of extreme usefulness; and even the self-styled "twilight sleep" with its magazine fame, might find its place in a selected case occasionally. The introduction of gas-air analgesia in *obstetrics* has done more for the redevelopment of patience (that crowning attribute of successful *obstetricians*) than any other one thing except it be perchance costly experience. I wish to take this opportunity to thank Dr. Arthur Guedel for his persistence in getting me to try his apparatus. After its use in the delivery of twenty-five cases, I wish to express myself as being well pleased with the results.

It is not my purpose to bore you with what I think are the proper conditions for interference with the progress of labor, nor is it for

me to criticise the judgment of anyone in any particular case. I merely wish to furnish fruit for thought. Let us suggest in closing that nature will do wonderful things for the parturient; however, we should equip ourselves to aid her at the proper time with conservative judgment and action.

DISCUSSION

DR. JANE KETCHAM, Indianapolis: I think both of these papers are very timely. The first paper I had the pleasure of hearing in Indianapolis when read before the Marion County Society, and I thought at the time it was a very good paper to present.

Obstetrics cannot be practiced unless the physician understands that all the time necessary for the case must be taken, and this thing of hurrying women through their deliveries is detrimental at the time to the woman and her baby, and certainly to the woman in her after life. We must understand that a sufficient amount of time should be given to allow the woman to deliver herself if possible. Doctors now realize that pituitrin can be used in small doses, and they are using it conservatively. It is quite popular to use a half c.c. of pituitrin and later inject another c.c. The last year I have been successful in using it in yet smaller doses—two minims given every half hour or every hour. This dose stimulates contraction of the uterus, labor is shortened, and we do not have any of the tetanic contractions as when the whole c.c. has been injected. Pituitrin, used rightly, is most valuable, but used badly is detrimental.

The second paper is excellent. Certainly too many lacerations are either not attended to or have not healed, which latter I think is often the case. It is better surgery to wait until a surgically clean field can be attained, which will be about five days after labor.

DR. ABBETT (closing): I want to thank Dr. Ketcham for her remarks, and I want to say how much I appreciated Dr. Clapp's paper.

I think the only caution that would be well to mention in reference to the doctor's paper might be to be sure not to put off these lacerations. A lot of times when we put things off we do not do them. Daily inspection after delivery is my routine, and I think should be followed in obstetrics always. You inspect other surgical wounds, why not inspect these? Daily inspection will do more to put obstetrics ahead than any part of the whole management of the case.

Just a word in regard to studying cases and not hurrying. My associate for a good many years, a venerable obstetrician, has to my knowledge sat up all night on a charity case to watch some unusual mechanism in the case of

labor. I just tell about this to emphasize the fact that no matter how many cases of obstetrics you see, there is something new to learn from each and every case, and if you do apply yourself and study your cases you learn something from every one and better equip yourselves in this line of work.

DR. CLAPP (closing): Just two points I would like to speak of in reference to Dr. Abbott's paper. One is the use of pituitrin. I believe the use of pituitrin has been greatly abused. It is being used very largely now for the same indications that low forceps have been used prior to its introduction. It is absolutely necessary to be positive that there is no obstruction of labor. I saw one case that resulted very disastrously as a result of the use of pituitrin. What happens in pituitrin is a very strong regular contraction of the uterus as soon as its effect is appreciated. As the approach is delivered, the shoulders pass through the cervix, you get a sudden contraction of the cervix, that contracts around the head, and what happens? There is sufficient delay that the baby is lost.

The use of gas oxide, I believe, has come to stay. I believe it is one of the biggest advances in obstetrics in recent years. There is no question in my mind that the pain is just as actual and real as any other pain. Women are going to demand relief from the pain of labor. There is no question in my mind but what pain is a decided shock to the nervous system and if we can safely relieve women from that pain we can relieve them from that shock and they are not weeks and weeks in recovering from the results of that pain.

FOCAL INFECTION OF THE MOUTH AND ACCESSORY SINUSES IN RE- LATION TO OPTHALMIC INFLAMMATIONS *

E. E. HOLLAND, M.D.
RICHMOND, IND.

The etiology of optic neuritis, choroiditis, retinitis and iritis is often very obscure, and after the elimination of tuberculosis and lues we sometimes are at a loss to account for them. A pocket of pus in the mouth or nose very often will be found to be the causative factor, either by the infection being transmitted directly by contiguity of tissue or indirectly through the blood or lymph. Several such cases have been noted in the recent literature.

Elschnig (Berlin Med. Klinik) says that the importance of the infected sinuses in relation

to ophthalmic pathology is of recent discovery and is not sufficiently appreciated as yet, and can only be so after one has seen a recurring iridocyclitis clear up after the discovery and drainage of an infected sinus. An infected sinus may cause optic neuritis or meningitis, either directly or indirectly, and when distended may make pressure on the optic nerve, globe or orbital contents. The most common as well as the most serious trouble that comes secondary to sinus suppuration is optic neuritis. Elschnig has met sixteen unilateral cases of this kind; in three the ophthalmoscopic findings were normal, the inflammation being entirely retrobulbar, in nine there was slight evidence of inflammation in the papilla, and in four severe intra-ocular neuritis and choked disk. In six of fourteen cases measured there was slight exophthalmos. In seven cases the pupil was dilated but the reactions were not impaired. In ten cases the vision had been almost entirely lost on the affected side. In three there was central relative scotoma, and absolute in a like number. Only in the severe cases was there a restriction of the visual field. After treatment of the sinus suppuration there was a return to normal in all but four of the cases. In these four the eye condition was of from four to fourteen days standing; in two there was advanced intra-ocular neuritis; in one slight neuritis, and in the other the finding was normal. The sinus trouble ranged all the way from a mere catarrh to the most severe suppuration with hypertrophy and polyp formation. In only five of these was the condition suspected by either the patient or physician, and in only one was the sinus condition suggested as a possible cause. The blind spot was not enlarged in any case, and when both eyes were involved the pupils were widely but irregularly dilated and the reactions were not quite normal. The diagnosis is very difficult when there is another nervous disorder coexisting with the sinusitis, as retrobulbar neuritis with central scotoma is not uncommon in multiple sclerosis. Sinusitis was found in three cases of brain tumor and one of multiple sclerosis, but the eye condition persisted after the cure of the suppurating sinus. Syphilis was demonstrated in five of the thirty-five cases of sinus suppuration, with an ophthalmic inflammation coexisting. In five of the cases the trouble had been attributed to tobacco poisoning. In the seven years covered by the author's paper he has met 208 cases of optic nerve disease, and of that number thirty-five had suppurating sinuses, giving 15 per cent. of the total.

* Read before the Indiana State Medical Association at the Evansville session, September, 1917.

The prompt subsidence of the neuritis when the sinusitis is treated in time shows that with irritation of the optic nerve there is a time when the removal of the cause will give a cure. In some cases the vision improved immediately on the drainage of the sinus.

Dabney (Kentucky Med. Jour.) reports one case of ptosis and diplopia with infected ethmoids. Drainage of the sinuses cured the diplopia but only improved the ptosis. In two cases the patients had indefinite optic troubles with nasal polypi which were relieved in each case by the removal of the polyp.

Seaman (Northwestern Med. Jour.) states that 40 per cent. of all the patients presenting themselves for treatment of nasal conditions have sinus disease. He refers to report by Fish of two cases of primary and one case of secondary glaucoma due to sinusitis which were relieved by drainage of the infected area. Says that in infection of the sphenoid sinus the most common result is optic neuritis. Pressure at this point if extended to the sphenoid fissure may involve the oculomotor, third, fourth and sixth nerves producing strabismus and paralysis.

Stucky (Lancet Clinic) reports five cases of neuroretinitis, nine of papillitis, three choked disk, one optic nerve atrophy and five exophthalmos in which twenty of them showed very thin walled sphenoid and posterior ethmoid cells, and in four the opposite condition obtained. He states that he has cured five cases of obstinate amblyopia which would not yield to lenses by the radical Killian in which the sinuses were found filled with pus. In two similar cases the middle turbinate made great pressure against the septum and lateral wall, the removal of which cleared up the symptoms. He urges the free use of radiographs.

Stark (New Mex. Med. Jour.) reports two cases in which there was a stubborn inflammation resembling iritis which was intractable until pus pockets were discovered about the teeth in each case, the removal of which gave a permanent cure in both.

McWhinney (N. Y. Med. Jour.) reports a case of persistent and intractable amblyopia which was relieved by the evacuation of a pus pocket at the root of a tooth. Another case of congestion of the retina and disk was relieved only after the location and elimination of a pus pocket at the root of a tooth.

I have had four cases along this line which I will report.

CASE 1.—Mrs. W., age 39. In March, 1916, the right eye suddenly became red and in-

flamed; very painful and the vision was reduced to 6/20. General health said to be good, Wassermann negative, and the history was not in any way significant. Examination revealed achorioretinitis and iritis, with several posterior synechia already formed. Patient was having a great deal of pain and all treatment was more or less unsuccessful. There would be slight improvements and remissions for periods of from a few days to two weeks but no cure. This in spite of the most vigorous treatment and good care at home. After this had been going on for six months the patient agreed to have all the remaining teeth extracted, as she had a very bad case of pyorrhea. This was after repeated urging on my part. Within a week after the extraction of the teeth the eye began to clear up and in three weeks was entirely well, and now after eight months, without a relapse, the eye is quiet. Vision 6/15.

CASE 2.—Mrs. R., age 58. Central choroiditis of left eye. Vision 3/30. Inasmuch as there had been no pain the patient had no idea when the trouble started. After a careful search and examination I decided that two tooth snags that were badly infected about the roots and gums were the only apparent cause of the trouble. I suggested their removal, which suggestion was followed, and in less than a week the symptoms began to subside and promptly cleared up, leaving a central scotoma and the typical spots in the choroid.

CASE 3.—Mr. A., age 48. Patient came in complaining of blurred vision and severe headaches. Examination revealed retinitis in both eyes and the effects of a mydriatic disclosed several posterior synechiae in right eye. Within a week after coming under observation a severe iritis developed in both eyes. No specific history or signs were found, but there was a severe case of pyorrhea existing which involved nearly all the teeth. He later developed a severe attack of muscular rheumatism. After the teeth were cleaned up and the pyorrhea treated, the eye condition and the rheumatism cleared up.

CASE 4.—Mrs. H., age 45. Patient came in complaining of blurred vision in left eye and severe headaches. She stated that she had been having these headaches for several years, and had been unable to get any relief. Examination revealed an optic neuritis in left eye; right normal. On investigating the nose the sphenoid sinus was found infected and full of pus. In four weeks the neuritis was well after the drainage of the sinus.

We should be very careful to search for a focus of infection in all the cases that come in and especially those involving the optic tract. There are a great many obscure conditions that would clear up if the sinuses and teeth were properly cared for.

THE JOURNAL
OF THE
INDIANA STATE MEDICAL ASSOCIATION
Devoted to the Interests of the Medical Profession of Indiana

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JULY 15, 1918

EDITORIALS

BACTERIAL TOXINS AS A CAUSE OF HEMORRHAGE

In a paper published in *The Journal of the A. M. A.* (June 15, 1918), Dr. F. Park Lewis offers a new conception concerning the cause of hemorrhage, and especially retinal hemorrhage, an interesting case of which he reported. A woman, 46 years of age, had been suffering from recurring hemorrhages from the retina and had been under the advice and observation of a competent specialist for eight months. She had no arteriosclerosis, her blood pressure was only 120, but she had marked leukocytosis. Five years before she had an abscess of the antrum from which she apparently had recovered, but when it was subsequently opened a quantity of sterile pus was removed. Pyorrhea was very evident, and the roentgenogram showed apical abscesses of several teeth. The infected teeth were removed and cultures made. These cultures showed that the active organism was the streptococcus hemolyticus. The removal of the teeth was followed by cessation of the hemorrhages. Other similar cases are cited, and in commenting Lewis says that retinal hemorrhage is much more frequent than generally supposed, and is not dependent upon blood pressure.

What is true of retinal hemorrhages may be true of hemorrhages in other tissues of the body. The hemorrhage may be associated with but is not directly caused by arteriosclerosis, albuminuria, diabetes or other diseases involving disturbed metabolism or focal infections. In any of these conditions protein toxins may be given off. These are easily observed in the circulation, more especially when they arise in focal infections that are proximal to the eye. The organism which is most commonly present is the streptococcus, and the form most frequently found is the streptococcus hemolyticus. The hemorrhage thus produced is not the result of force from behind but is due to softening of the tissues of the capillary or arterial walls by

the local action of this toxin, thereby producing lysis.

Lewis says that while this is a new conception concerning the cause of retinal hemorrhage, yet it establishes a definite etiology of the condition, and that is of value. The differential character of the toxins given off by the different strains of bacteria has not yet been studied, but it is known, however, that several varieties produce hemorrhage, and Wells considers it quite probable that of the chemical agencies causing hemorrhage bacterial products are the most important. Lewis thinks that changes in blood pressure are practically negligible as causes of hemorrhage. This adds to our understanding of hemorrhage in other parts of the body. In cerebral hemorrhage it is more likely, from whatever source it comes, a soluble protein poison is responsible, weakening the endothelium and causing rupture.

It would seem, therefore, that blood pressure is not a direct cause of hemorrhage, and especially in view of the fact that recurrent hemorrhages may occur with low pressure as well as high pressure, and, as stated by Lewis, it is more likely that the protein poison, from whatever source it originates, has so affected the nutrition of the endothelium at that special point in the vessel's course that the normal elastic cellular substance is so softened that dissolution of the walls results and hemorrhage is precipitated. The recognition of this newer pathology will enable us to seek the origin of the focus producing the absorption, and by removing this, stop the recurrence of the hemorrhage instead of wasting valuable time in eliminatives which can have no special effect upon the disease.

OUR SOLDIERS AND THEIR CARE

"The American Army is the best in the world, physically, mentally and morally, and it will be kept so until the boys are returned to their homes." This was the message of Major-General William C. Gorgas, Surgeon-General of the United States Army, to the homes of America today when interviewed at the Chicago session of the American Medical Association. He made a most positive denial of immorality or drunkenness being rampant among either the American expeditionary forces or in the cantonments at home, and asserted that there never was a cleaner army on the face of the earth. Major-General Gorgas says that the world has never seen a better army than America is now putting into the field, and the

standard is constantly rising. The death rate is decreasing as the health conditions improve, and social diseases are being rapidly curbed, if not eliminated altogether. There is even less social diseases than army officers expected, and parents may feel that their sons are subject to less temptation in this line in the army than at home. In fact, Major-General Gorgas says that the health of the men in the army is much better than at home, and there are not the temptations surrounding them, for the government aims to safeguard the men with every known defense for their welfare from the moment they leave home until they are restored or may have given their lives for their country. They are guarded in camps, on the high seas, in the training camps in France, and in the front line trenches.

American ingenuity and resourcefulness gets the credit for many remarkable discoveries to mitigate the fatalities of war. The Rockefeller Institute has brought forth an antitoxin for gas gangrene, and its use probably will result in the restoration of thousands of men to active service to whom gas infection otherwise probably would have meant death. There have been many improvements in field hospital surgery and sanitation. Surgeons are now performing major operations right on the battlefield, and not only thus giving first aid treatment, but seeking to give permanent surgery that will restore the men to the best possible condition. The aim of such work is to give the man the benefit of the most approved treatment in the first twenty-four hours rather than simply patch him up and send him on back for further treatment later. Then every man who is wounded is being given tetanus antitoxin which is robbing the war of one of its greatest horrors—death from tetanus resulting from infected wounds. This injection is given immediately after the wound is received and proves wonderfully efficacious. The discovery that trench fever is carried by lice offers another field for conquering dreaded disease by simply centering a sanitation fight on the louse.

The fact that our death rate is only eight per thousand, whereas the best record previously was that attained by the Japanese army, which was twenty per thousand, speaks volumes for the efficiency of the medical department of the United States Army. The work of the medical service of the army includes inspection of food supplies in camps and their preparation; sanitation of camps; investigation of infectious diseases; maintaining hospitals for

sick, diseased, wounded and mentally unfit, and isolation hospitals for venereally infected persons; psychology study to determine the mentally unfit, and hospitals for the reconstruction of crippled soldiers so that they may be fitted to return to service or return to their homes. It is expected that 75 or 80 per cent. of the wounded will be put back into the trenches, and that the permanent disabilities will amount to not more than 10 per cent. for the period of the war. All of which speaks as a tribute to the skill and efficiency of the medical department under Major-General William C. Gorgas and the aid that has been given him by the best brains in the medical profession of the country.

YEAST AS A THERAPEUTIC AGENT

The yeast treatment of certain pathological conditions, notably skin conditions, has received renewed attention following the publication, in *The Journal of the A. M. A.* (October, 13, 1917), of an article by Dr. Philip B. Hawk and collaborators, which represents work done in the physiological laboratories of the Jefferson Medical College and the Philadelphia General Hospital, both of Philadelphia, and the Roosevelt Hospital of New York. Hawk and his colleagues obtained good results from the use of yeast in many pathological conditions, especially the purulent skin conditions such as acne and furunculosis. The results seem to tally with the results obtained by others, for the value of yeast in certain skin conditions has been freely acknowledged by dermatologists. In Hawk's cases the familiar Fleischmann's yeast, obtainable at any grocery store, was employed. The fresh yeast was used, a new supply being secured from two to three times per week and kept in a refrigerator until used. It was found that yeast could be administered satisfactorily either with meals or on the empty stomach. It also was found that killed yeast—that is, yeast placed in boiling water for a few minutes—acts much the same in the stomach as living yeast. If the patient is troubled with gas formation it is preferable to use killed yeast, or to administer living yeast between meals.

Hawk's tests demonstrate conclusively that yeast is not readily destroyed in the human stomach, but that, on the contrary, especially when taken between meals, a large part of the yeast passes into the intestine in the living condition. Hence, it is possible for certain disorders, especially those involving constipation,

the living yeast has a more pronounced action than dead yeast.

The yeast treatment gives the best results in furunculosis, acne vulgaris, acne rosacea and constipation. It also was useful in some other affections, and the laxative effect of the yeast was observed in cases other than those of constipation, and in fact in some instances the laxative effect was so pronounced that it was necessary to reduce the dosage. The dosage varied from one-quarter to one whole cake taken three times daily, either before or after meals, for from two to four weeks, the dosage depending upon the laxative and other effects.

In concluding the article Hawk and his collaborators say that in many of the cases coming under their observation the yeast treatment caused an improvement in the general physical condition of the patient quite unassociated with the improvement of the symptoms associated with the particular disease in question.

There is a difference of opinion concerning the nature of the constituent of the yeast which gives it therapeutic value. Some investigators claim a direct bactericidal effect, others regard such effect as due to by-products of fermentation, such as alcohol and various acids, while still others regard the action as due to the chemotactic influence of the high nuclein content of the yeast. Experiments have shown that yeast increased the opsonic index of dogs for staphylococci and streptococci. This helps to explain its favorable action in infectious conditions.

CORRECTION OF PHYSICAL DEFECTS OF REGISTRANTS

Pursuant to order of the Provost Marshal-General this communication is addressed to all public and private hospitals in the state of Indiana.

Under the new standard of physical examination governing the entrance to all branches of the armies of the United States, it is set forth that no registrant is to be inducted into service who is likely to prove unfit for immediate active duty. This rule excludes many registrants whose physical defects are correctible by surgical operations or otherwise.

Such registrants suffering from remediable defects are classified under the deferred remediable group (Group B).

It is desired by the Provost Marshal-General that the hospitals of the state of Indiana offer their facilities and the services of their staff

members for the correction of the physical defects of registrants in Group B. Many hospitals have already done this; that is, a very large majority of the hospitals of the state have offered to give free hospital service and free service to the members of the staff, thus making it possible for the registrant to secure correction of his physical defect without expense to himself or the government.

Local examining boards will be instructed to send no registrant for such free service if it is clear that the registrant is able to defray the expense without considerable sacrifice.

It is desirable that hospitals wishing to perform this patriotic service should send to the undersigned a statement indicating the exact number of beds available for this purpose in the given institution; also stating whether such beds will be continuously available.

JOSEPH R. EASTMAN,
Medical Military Aide to Governor Goodrich of Indiana.

Indianapolis, Ind., July 1, 1918.

THE IRONY OF FATE, OR CAUGHT WITH THE GOODS

It was recognition of the difficulty of determining the worth of proprietary remedies offered to the medical profession and of determining the truth of the claims made for them that led to the organization of the Council on Pharmacy and Chemistry by the American Medical Association.

THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION was one of the first publications to avail itself of the expert advice of the Council and, by limiting its advertising of proprietary medicines to preparations passed on favorably by the Council, to protect its readers from the exploiters of worthless or fraudulent nostrums.

While most of the organs of state medical societies and even a number of privately owned medical journals are now safeguarding the interests of their readers by making use of the investigations of the Council on Pharmacy and Chemistry, the official organ of the Illinois State Medical Association is not so protecting the membership.

While a glance at the advertising pages of the *Illinois State Medical Journal* is enough to show that the investigations of the Council are ignored, the *Journal* has carried the following legend:

READER! Are you buying your supplies from our advertisers? Our advertising pages are your property as a member of the Illinois State Medical Society.

Advertisers will pay for space in proportion as you buy from them, and thus make the space valuable to them.

Order now, and write that you saw the "ad" in the *Journal*.

It was the irony of fate that in the April, 1918, issue this flamboyant announcement should on the same page be immediately preceded by an advertisement of Syphilodol, one of the worst fakes perpetrated on the medical profession during recent years.

Syphilodol was advertised by a concern of no standing—The French Medicinal Company—as a new synthetic similar to or better than arsphenamin (salvarsan). The A. M. A. Chemical Laboratory reported, however (*The Journal A. M. A.*, May 18, 1918, p. 1485), that this consisted essentially of ampules containing water with an insignificant trace of arsenic, and tablets which had for their essential ingredient the well known drug protoiodid of mercury.

It is to be hoped that the readers of our Illinois contemporary will NOT take the advice to buy or use a proprietary medicine just because it is advertised in their state journal—at least, not until this journal adopts an advertising policy compatible with the interests of the medical profession which it assumes to represent.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

THE cry now is to get more Indiana doctors in the Medical Reserve Corps. Members of the Council on Medical Defense have been asked to increase the M. R. C. enlistment by

any means that may bring about the desired end. This means peaceably if possible, forcibly if necessary.

OUR readers will be interested in knowing that the Wassermann reaction made on post-mortem blood is practically as reliable a test as when made antemortem, as proven by the researches of Dr. Stuart Graves of Louisville, Ky. This may have a very important medico-legal bearing.

THE increased rank given to medical men in military service is not only deserved, but adds to the efficiency of the service. At the Chicago session there was a liberal sprinkling of colonels and lieutenant-colonels among the many doctors in uniform, with here and there a medical man holding even higher rank.

DR. J. H. ASHABRANNER of New Albany, Ind., advises us that in May, 1917, he made application to Surgeon-General Gorgas for commission in the M. R. C., but having passed the age limit by nearly five months, his application was rejected. Dr. Ashabanner's name, therefore, belongs on Indiana's Roll of Honor.

WHILE there has been generous response to the call for more doctors to join the Medical Reserve Corps, yet there is a demand for greater enlistment, and those members of the medical profession who come within the ages of 21 and 45 years, the ones most desired, should consider it an imperative duty to respond to the call.

NOT a few doctors have applied for commissions in the Medical Reserve Corps and then after the commissions have been awarded have not accepted them. A man may get a little temporary credit for offering his services to the government, but he is the rankest kind of a slacker if, without good and sufficient reason, he fails to "deliver the goods" when he virtually promises to do so.

WE desire to call attention to the request, contained in the Correspondence Department of this number of THE JOURNAL, for the names, addresses and service of all surviving surgeons, assistant surgeons and naval surgeons who served in Indiana regiments or navy during the Civil War. This information is desired by Dr. G. W. H. Kemper of Muncie, to be used for patriotic purposes at the next session of the Indiana State Medical Association.

OPERATIONS in the base hospitals in this country are so numerous and varied that it becomes possible for every doctor in military service who has surgical ambitions to get an experience that in all probability could not be obtained elsewhere, and under the guidance and instruction of as good teachers as can be found anywhere. What is true in surgical work is also true in medical work, and, as many have remarked, medicomilitary work offers the finest post-graduate course that it is possible to secure.

THE government has directed that all medical schools that can do so shall run continuously throughout the war with the distinct object in view of turning out medical recruits to fill the many places where they are needed. Medical teachers are considered to be on a par with those men who really have enlisted, and a movement is now on foot to give military recognition to the services of those teachers in medical schools who are found indispensable to the conduct of the schools and thus to the furtherance of war necessities.

THE food dictator tells us that we must conserve food in every possible way. It may be well for medical men to advise the public that the amount of food consumed by adults at the present time can be reduced from one-third to one-half for long periods without interfering with their physical or mental well-being. However, the food of growing children should not be cut down, though it is quite possible to cut off some of the delicacies that many children indulge in, and in their place give the more substantial articles of diet.

THE Indiana State Committee on National Defense has requested us to announce that it is a mistaken notion on the part of some that more doctors are not urgently needed in the Medical Reserve Corps. In fact, a request has gone out from the Surgeon-General's office to the effect that every doctor who can and should enter the Medical Reserve Corps, and in particular every doctor between the ages of 21 and 45, must be made to feel the importance of the call for recruits and show some good reason why he does not respond.

PATRIOTISM was everywhere evident in Chicago during the annual session of the American Medical Association, and it was indeed inspiring to see the Fellows in uniform so happy in

their new work and to hear an expression from each one you talked to to the effect that he was glad he was in military service and wouldn't have missed it for anything. In view of the glowing reports of the attractiveness of the work and the wonderful opportunities it offers, it is strange that more of the men who really could and should enlist have not jumped at the chance.

THE old adage "birds of a feather flock together," is still exemplified in the attitude of certain Christian Science writers who regularly quote from that truth perversionist periodical called "Life." Those who distort the truth, no matter whether it concerns animal experimentation or vaccination so defiantly and illogically fought by "Life," or attempt to defend the idiotic assertion that disease exists only in the mind, readily find a bond of sympathy with each other. "Life" and the "Christian Science Monitor" should pool their interests, and they can save a good deal of money by running their issues from the same press.

THE American Red Cross has been waging a campaign to secure 25,000 nurses for the United States Army and Navy. The campaign has been only partially successful, and very largely because the country has been pretty thoroughly combed of the kind of nurses that are desired, for the government will not take the untrained or the so-called "practical" nurses. To offset the shortage the government is preparing to open training schools for nurses, and members of the medical profession are asked to get along with fewer trained nurses, and to insist upon patients using trained nurses only when urgently required.

THE new president of the American Medical Association, Dr. Alexander Lambert of New York City, is at present in France where he acts as the chief medical advisor of all the American Red Cross activities in France and Belgium. He is a major in the Medical Reserve Corps, United States Army, and was ordered abroad almost immediately after the United States entered the war. He has been attending physician in several New York hospitals, and is recognized especially for his work in circulatory diseases and in the treatment of drug and alcoholic addictions. Since 1898 he has been professor of clinical medicine in Cornell University Medical College.

THERE no longer are any legal difficulties to be overcome in placing women physicians on the same plane with men doctors in military service if they should be called. The American Medical Association has placed itself on record as favoring the same rank and pay for women physicians providing they do the same kind of work as that required of men physicians. It is very evident that there are some positions that cannot be filled by women, and it is not likely that women physicians will expect to be appointed to any positions that are out of the range of their ability to fill, for there are so many places where they can be of service, and in such positions there is no reason why they should not receive the same rank and the same remuneration as that given to men physicians.

MAJOR ALEXANDER LAMBERT, director of the American Red Cross in France, and president-elect of the A. M. A., says that there are many doctors who cannot, because of their age or because of some minor defects, obtain commissions in the Army Medical Corps. He says that the American Red Cross offers wonderful opportunities for such doctors. Men from 55 to 60 years of age will be accepted if they are in good health, and for those who cannot afford to leave their practices indefinitely a special plan is offered whereby such men may serve with the Red Cross abroad for eight months and return home for six months. When necessary the Red Cross will provide transportation and pay the physician the salary of a lieutenant. Thus it will be seen that no physician need be kept from serving his country if he chooses to give a practical demonstration of his patriotism.

In his presidential address at the Chicago session of the American Medical Association, Dr. Arthur Dean Bevan said that each member of the medical profession, each county medical society, each state medical society, and the American Medical Association should take an active part in the propaganda against drink and secure national prohibition, not years from now, but *now* when it is so badly needed and will accomplish so much good not only for our boys in khaki and blue, but for the nation in arms. Dr. Bevan further said that when drink has been done away with it could no more be resurrected after the war than could slavery. Dr. Bevan's ideas concerning prohibition correspond very well with the ideas of almost every other rational thinking person, and if we mistake not, Congress will tackle the proposition

in the very near future with the prospect of enacting legislation which will suspend the sale of "booze" for the period of the war at least, and, as Dr. Bevan says, if it is suspended for the period of the war it probably will be suspended forever. However, Dr. Bevan has called upon the members and fellows of the American Medical Association to fight for prohibition, and in view of the fact that the elimination of alcoholic drink is the greatest single factor we can control in the interests of the public health of the nation, it is our duty to respond to the call that has been made.

DURING the recent session of the American Medical Association the Chicago newspapers paid a deserved tribute to the medical profession by commenting editorially upon the wonderful humanitarian work that has been accomplished by the medical profession in the present war. The war is causing such a heavy drain on the man power of the nation that the necessity for conserving the health and efficiency not only of our military forces, but of the civilian population has become acute, and without the generous assistance of the members of the regular medical profession it would not be possible to carry on the war at all, much less to carry it on until a victorious peace is secured. As one Chicago newspaper has well said, "It should be a matter for comfort and hope on the part of every soldier's family that the greatest medical and surgical specialists in the country are devoting their energies and their talents to the care and treatment of the men in the army. The work among civilians is less spectacular but hardly less important, for the medical profession realizes that it owes a duty to the civilians, and especially to the men and women employed in war activities. There is no other profession upon which such heavy demands have been placed as upon the medical profession, and aside from the soldiers themselves there is no body of men to which the public owes more gratitude."

Too much praise cannot be given the Indiana Committee on National Defense for splendid work in connection with Indiana's war activities, and special credit is due to Dr. Joseph Rilus Eastman for his indefatigable work in attempting to fill Indiana's quota in the Medical Reserve Corps. In reality, Indiana has done well in furnishing medical men for military service—in fact much better than we

have been given credit for by *The Journal of the American Medical Association* from which we quoted last month. The greatest trouble encountered has been in getting all of the various communities throughout the state to appreciate the necessity of each doing their full share. In some counties the doctors have really been slow in responding, and even up to the present time have not furnished their quota. Other counties have furnished more than their quotas. Any failure to get these backward counties in line has not been due to apathy on the part of the State Committee. What really is required is a little pressure right at home, for if a doctor is made to feel the sting of his neighbors concerning enlistment for war service, providing he is of enlistment age and physically able to go, he will not hang back, but would make application for enrollment in the Medical Reserve Corps. There is no occasion for saying "I am going when I see that my services are needed;" the thing to do is to enlist and let the government decide whether the services are needed or not.

THE next session of the Indiana State Medical Association, to be held in Indianapolis the last week in September (25, 26 and 27) will assume more or less of a military aspect. At a meeting of the various committees having to do with the annual session, held recently, tentative programs were submitted by Dr. Jane Ketcham of Indianapolis, of the Medical Section; Dr. H. O. Shafer of Rochester, of the Surgical Section, and Dr. E. M. Shanklin of Hammond, of the Eye, Ear, Nose and Throat Section. No action was taken on the plan to abolish the sectional meetings and in their stead to hold general meetings consisting of papers of interest to the organization as a whole. The afternoon of Thursday will be given over to a joint meeting with the Interstate Association of Anesthetists. A most interesting program has been prepared. On Thursday evening there will be a big patriotic rally which will be open to the public. Surgeon-General Gorgas has been invited to address this meeting; as well as Major Henry Jump of Washington; E. C. Toner of Anderson, who returned recently from a Red Cross mission to the battle front, and the governor. In case it is decided not to hold the usual sectional meetings, a certain time will be set aside for these sections to elect officers for the ensuing year. Headquarters will be at the Claypool Hotel. In spite of the num-

ber of doctors who have entered the military service, the committee felt that the greater interest due to war activities would bring one of the largest crowds that ever attended a state session at Indianapolis. The committee plans to make the annual gathering strictly a big war session and vital questions relating to the welfare both of those overseas and those who remain at home will be discussed. Following the precedent established by the American Medical Association there will be no elaborate entertainment provided, although a get-together smoker will be held on the opening night.

A FEW young Indiana doctors, who either because they are slackers or are physically unfit for military service, are taking advantage of the opportunity to pick out new locations which seem to offer glowing prospects because of the dearth of doctors brought about by the war. It is reported that one doctor even announced that he had been selected to take over the practice of a very busy doctor who is now in military practice, though such an arrangement never had been made nor even contemplated. The man who will take unfair advantage of conditions that prevail at the present time is deserving of the severest censure, and we quite approve of the attitude of the Wells County Medical Society which has passed a resolution to the effect that the members of the society will not take into their society, nor will they recognize professionally any doctor who attempts to secure the practice of any member who is absent from home temporarily serving his country. Another thing which should be discouraged is the tendency on the part of some of the older physicians living in the smaller towns and having fairly good practices, to be tempted to move to larger towns or cities. It is a serious mistake for a physician beyond 45 or 50 years of age to move to a large town or city where he has no friends or acquaintances unless he has sufficient funds or income to guarantee living expenses of himself and family for four or five years at least. If a physician past middle life desires, for any reason, to change his location, he will be much more likely to succeed if he goes to a small village where he can become quickly and generally known. During war time he will be better off and merit greater respect on the part of the members of the medical profession if he refrains from changing his location.

SOME Indiana doctor with less loyalty than professional jealousy, not to say treachery of the worst kind, has taken upon himself the task of belittling the work of the Indiana Committee, medical section, Council of National Defense. Taking the report from the Surgeon-General's office and *The Journal of the American Medical Association* containing the honor roll of doctors, both of which greatly misrepresented the state, this individual complained to the governor that the recruiting campaign was a failure and reflected in a way upon the work of Dr. Eastman, chairman of the committee, whose untiring efforts have been chiefly responsible for the spurt which the state has made. In order to learn just what the officials at Washington thought of Indiana's showing in the Medical Reserve Corps, the executive secretary asked for a report as to the response which Indiana doctors are making in comparison with those of other states. In reply the following letter was received from the Surgeon-General:

WAR DEPARTMENT

OFFICE OF THE SURGEON-GENERAL
WASHINGTON

June 22, 1918.

Mr. F. E. Raschig,
Hume-Mansur Building,
Indianapolis, Ind.

Dear Mr. Raschig:

I am directed by the Surgeon-General to acknowledge the receipt of your communication of June 17.

The honor roll compiled by the American Medical Association does not include a large number of applications for commission in the medical Reserve Corps which have been acted upon and upon which action is now pending and which have been received since the publication of this honor roll was commenced.

The medical profession of the state of Indiana has responded generously to the requests of the Surgeon-General, and the Surgeon-General is sure that Indiana will supply to the Medical Reserve Corps its full quota of qualified medical officers.

The campaign which has been inaugurated since the Surgeon-General made his request for an additional 5,000 officers has met with most gratifying results and applications from physicians in the state of Indiana are being received daily. In every way the medical profession of Indiana has maintained its traditions of the past and the Surgeon-General feels assured that the state will supply its full quota, if not a larger number, under the present call, and that the profession of Indiana will answer all future calls in the same generous manner.

The Surgeon-General's office has established and now maintains examining boards in Indianapolis and Terre Haute, and additional boards will be located at Fort Wayne, Evansville and other places just as soon as available material can be secured.

The Surgeon-General regrets that the governor of Indiana is laboring under a misapprehension as regards the medical profession in your state and desires to assure the governor that that profession is doing its full duty in furnishing officers for the Medical Reserve Corps as it has done in the past and will continue to do so long as the war continues.

Very truly yours,

BERT W. CALDWELL,
Colonel, Medical Corps, National Army.

DEATHS

SYLVESTER F. KINCAID, M.D., died June 5 at his home in Walesboro, aged 60 years.

EMILY A. L. SMITH, wife of Dr. Walter Smith of Indianapolis, died June 20, aged 63 years.

MARY EASTMAN, widow of the late Dr. Joseph Eastman of Indianapolis, and mother of Drs. Joseph Rilus Eastman and Thomas B. Eastman, both of Indianapolis, died June 15, aged 77 years.

ROBERT DAY WILLAN, M.D., Trafalgar, died June 3, aged 75 years. Dr. Willan graduated in medicine from the Bellevue Hospital Medical College in 1879, and had practiced medicine in Trafalgar and Johnson County for more than fifty years. He was a member of the Johnson County Medical Society and the Indiana State Medical Association.

JONATHAN R. DOWNING, M.D., died June 21 at his home in Yorktown, Delaware County. Dr. Downing graduated in medicine from the Indiana Medical College, Indianapolis, in 1878, and had practiced medicine in Delaware County for thirty-six years. One son, Lieut. J. Frank Downing, is serving in the Medical Reserve Corps of the U. S. Army.

BENJ. E. MILLER, M.D., died May 31 at his home in Albion, aged 72 years. Dr. Miller was born in Wayne County, Ohio, received his medical education from the University of Michigan and the Cincinnati Medical College, and had practiced medicine at Albion since 1890. He had served on the Noble County Pension Board for fifteen years, was city health officer, and at the time of his death was treasurer of the Noble County Medical Society.

JOHN H. BOWSER, M.D., Syracuse, died June 18, shortly following an attack of angina pectoris. Dr. Bowser was born in 1860, graduated from the Medical College of Indiana, Indianapolis, in 1885, and had practiced medicine in Kosciusko County for a number of years. He was a member of the Kosciusko County Medical Society and the Indiana State Medical Association.

LUTHER DANA WATERMAN, M.D., of Indianapolis, founder of the Waterman Institute for Scientific Research at Indiana University, died suddenly at the Claypool Hotel on June 30. Dr. Waterman, who was 87 years old, was born in Wheeling, W. Va., attended Miami University, and graduated from the Medical College of Ohio, Cincinnati, in 1853. He served as medical director of the Second Division of the Twentieth Corps in the Civil War, and located in Indianapolis in May, 1865. He was a charter organizer of the old Indiana Medical College, served four years as professor of anatomy, and was then made professor of the principles and practice of medicine. In 1912 he deeded property to the Indiana University to the value of \$100,000, the largest gift for scientific research ever made in Indiana. He served the Indiana State Medical Association as secretary for a number of years, and in 1878 was made president of the Association. Dr. Waterman had not been in active practice for a number of years.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

GENERAL

DR. R. F. BANISTER of Washington left early in June to report for duty at Fort Dodge, Iowa.

DR. W. F. HOWAT of Hammond has been appointed member of the city board of education.

DR. ROY T. MARSHALL of Columbus left June 6 to report for duty at Camp Grant, Rockford, Ill.

WORD of the safe arrival in France of Lieutenant F. N. Williams of Tell City has been received.

THE new Hope Methodist Hospital of Fort Wayne was dedicated June 6 with impressive ceremony.

DR. S. C. NORRIS of Anderson has received his commission as captain in the Medical Reserve Corps.

DR. C. G. MACKEY of Whiting has been commissioned first lieutenant in the Medical Reserve Corps.

DR. F. V. OVERMAN of Indianapolis has returned to his office after a prolonged illness at Tipton, Ind.

DR. I. W. DITTON of Fort Wayne has been promoted to the rank of captain in the Medical Reserve Corps.

DR. C. C. DuBOIS of Warsaw has received his commission as captain in the Medical Reserve Corps.

LIEUT. B. M. EDLAVITCH of Fort Wayne has been ordered to Fort Oglethorpe, Georgia, for active duty.

DR. SAMUEL MCGAUGHEY of Indianapolis has received his commission as captain in the Medical Reserve Corps.

DR. CHARLES J. BROCKWAY, Lafayette, has received his commission as first lieutenant in the Medical Reserve Corps.

DR. J. SATER NIXON, formerly of Farmland, has removed to Kokomo for exclusive surgery and roentgen-ray diagnosis.

DR. CHAS. S. BOSENBURY of South Bend has been commissioned captain in the Medical Reserve Corps of the U. S. Army.

DR. A. M. HAYDEN has been appointed president of the Evansville Board of Health to succeed the late Dr. Carl G. Viehe.

DR. A. A. THOMPSON of Tyner has been commissioned first lieutenant in the Medical Reserve Corps of the U. S. Army.

DR. J. O. WEHRMAN of Indianapolis has gone to Chicago for post-graduate work and will return to his office in September.

DR. PORTER COULTAS of Bristow has been commissioned first lieutenant in the Medical Reserve Corps of the U. S. Army.

DRS. A. H. RHODES of Princeton and W. B. Ashby of Oakland City have enlisted and received their commissions in the M. R. C.

DR. ERLE O. DANIELS of Marion has received his commission as first lieutenant in the Medical Reserve Corps of the U. S. Army.

DRS. ARTHUR J. BAUER of Lafayette and Alvin R. Kerr, Attica, have been commissioned first lieutenants in the Medical Reserve Corps

Lieut.-Col. Fred Tucker of Noblesville spent a few days at home the first of this month, receiving leave of absence from Fort Oglethorpe, Ga.

DR. W. C. FURNEY, Sharpsville, has returned home from an extended vacation trip through the West, including Missouri and Kansas.

DR. WILL S. COLEMAN, who has enlisted in the Medical Reserve Corps has resigned as medical member of the Rush County selective board.

GRANT COUNTY MEDICAL SOCIETY held its June meeting at Fairmount on June 25, and was addressed by Major O. G. Pfaff of Indianapolis.

DR. H. O. WILLIAMS of Kendallville has enlisted in the Naval Medical Reserve Corps, and left June 16 for the Great Lakes Naval Training Station.

THE new Wells county Hospital, Bluffton, erected at a cost of \$40,000, was thrown open to the public on June 23, and is now receiving patients.

DR. F. T. WILCOX of Laporte, captain in the Medical Reserve Corps of the U. S. Army, was ordered to report June 8 at the Rockefeller Institute in New York.

DR. ALFRED HENRY of Indianapolis was elected director of the National Tuberculosis Association at the conference of health workers held June 8 in Boston, Mass.

DR. DONALD HUNTER O'ROURKE of Fort Wayne, assistant surgeon of the U. S. N., was married on June 15, at Norfolk, Va., to Miss Edna Fee of Fort Wayne.

MAJOR M. R. COMBS has been transferred from Fort McPherson to Fort Benjamin Harrison, where he is now stationed with his brother, Lieut. Chas. N. Combs.

DR. S. P. HOFFMANN of Decatur has received his commission as first lieutenant in the Medical Reserve Corps, and ordered to report at Fort Oglethorpe, Ga., by July 15.

DR. W. N. WISHARD of Indianapolis was honored at the Chicago session of the American Medical Association in his election as first vice-president of the Association.

DR. H. B. GABLE of Monticello left June 24 for New York City and Philadelphia where he expects to do postgraduate work in surgery and diseases of the eye, ear, nose and throat.

DR. P. E. CLARK of Clarksburg underwent an operation for appendicitis at the Sexton Hospital, Rushville, on June 16. He is reported to be making an uneventful recovery.

DR. E. R. CHURCHELL of Richmond has been commissioned captain in the Medical Reserve Corps. Dr. Churchill served as a volunteer soldier in the Spanish-American War.

A CABLEGRAM was received June 27 from Dr. J. A. Clevenger, who has enlisted in the Red Cross for service in France, saying that he was well and had arrived safely overseas.

ANNOUNCEMENTS are made to the effect that women students are to be admitted to McGill University, Montreal, and Washington University, St. Louis, for the study of medicine and dentistry.

A CABLEGRAM has been received announcing the safe arrival in France of Dr. A. J. Whallon of Richmond. Similar news has been received concerning Dr. W. L. Misener, also of Richmond.

STEPS have been taken by Warsaw and Winona citizens to have a government army hospital, nurses' training school, or some other government war institution located at Winona Lake.

THE Madison County Medical Society met in the Y. M. C. A. building at Anderson on June 25, and was addressed by Drs. H. R. Alburger and Harry K. Langdon of Indianapolis.

DR. CHAS. R. SOWDER of Indianapolis, captain in the M. R. C., left June 11 for an eastern port where he will sail immediately for overseas duty. Mrs. Sowder accompanied him to the coast.

DR. H. M. SENSENY of Fort Wayne, first lieutenant in the M. R. C., was ordered to report the latter part of June at Camp Grant, Rockford, Ill., for duty in connection with Base Hospital No. 20.

DR. BURTON D. MYERS of the Indiana University School of Medicine at Bloomington, is continuing his series of lectures at various army camps. One of his last lectures was given at Chanute Field, Illinois.

W. C. VAN ARSDALE of Greencastle has been elected president of the Board of Trustees of the Methodist Episcopal Hospital, Indianapolis, to fill the place left vacant by the death of Charles W. Fairbanks.

DR. HENRY NISWONGER of Fort Wayne, whose license to practice medicine in Indiana was revoked in 1912 for violation of the narcotic law, was reinstated as a practicing physician on June 17.

DR. E. M. VAN BUSKIRK, Fort Wayne, has received his commission as captain in the Medical Reserve Corps. Dr. Van Buskirk at the time of enlistment held the offices of county health officer and city bacteriologist.

DR. V. D. KEISER, who has served as intern in the Indianapolis City Hospital the past year has been commissioned first lieutenant in the Medical Reserve Corps and ordered to Camp Sherman, Chillicothe, Ohio, for immediate duty.

PROF. JOHN H. LONG, professor of chemistry at the Northwestern University Medical School and member of the Council on Pharmacy and Chemistry of the American Medical Association, died at his home in Evanston, Ill., June 14.

THE Hope Methodist Hospital, Fort Wayne, was the recipient of a donation of \$96.30, refund money from excess charges made to the Krudop Coal Company of this city, and ordered given to charity by fuel administrator Henry Beadell.

ANNOUNCEMENT is made of the marriage of Dr. H. R. Allen of Indianapolis and Miss Charlotte Gregory of Chattanooga, Tenn., which took place at Washington, where Dr. Allen is stationed, being a major in the Medical Reserve Corps.

DR. ROBERT F. BUEHL of Indianapolis, recently graduated from the Indiana University School of Medicine, has been appointed assistant surgeon in the United States Navy Reserve Corps, and left June 14 for New York City to report for duty.

THE city councils of Jeffersonville and New Albany have both enacted drastic anti-venereal ordinances, on request of the health officials of the state and United States, and in addition each city has appropriated the sum of \$500 to make the ordinances effective.

DR. WILLIAM F. CLEVENGER of Indianapolis, commissioned as captain in the U. S. Medical Corps, left Indianapolis early in June, going direct to Paris, France, to take up surgical work along the line of his specialty (eye, ear, nose and throat) in a hospital there.

DR. A. E. MORGAN, chief surgeon at the Indiana State Soldiers' Home for the past seven years, has resigned his position and accepted a commission as captain in the Medical Reserve Corps. Dr. Burkett of Warsaw will succeed Dr. Morgan as chief surgeon of the Home.

THE Indiana University School of Medicine is running full blast throughout the summer with 100 students enrolled, 15 sophomores, 54 juniors and 31 seniors. The seniors will graduate next February, and the junior class will complete its course in October, 1919, by the speed-up program.

DR. S. M. RICE of Terre Haute has been commissioned an examiner for applicants in the Medical Reserve Corps at that point. Other examiners are to be appointed at Evansville, Fort Wayne, Indianapolis, and one or two other cities. This will enable applicants to receive examinations close home.

THE Supreme Court of New York, in a recent decision, holds that the removing of superfluous hair with electric needle is "practicing medicine," and that the defendant in the case, not being a licensed and registered physician, had violated the provision of the public health law regulating the practice of medicine.

Major Edmund D. Clark, commanding Base Hospital No. 32, has been promoted to the rank of lieutenant-colonel, according to word received by Mrs. Clark, who is living in Indianapolis. Lieutenant-Colonel Clark left Fort Benjamin Harrison with his unit on December 1, and arrived in France a few days before Christmas.

DRS. J. W. BENHAM of Columbus, and William J. Norton of Hope, both members of the Bartholomew County Medical Society, have received their commissions as captains in the Medical Reserve Corps. Dr. Benham has served his society as secretary for a number of years, and his place will be filled by Dr. H. H. Kamman.

ANNOUNCEMENT has been received concerning the safe arrival in England of Major J. B. Fattic and Hospital Unit 1 on Easter Sunday morning, though the letter also bears the information that their ship was fired upon and barely missed by a German submarine. The unit is located in England in charge of a large British army hospital.

DR. WADE THRASHER who graduated at the Cincinnati College of Physicians and Surgeons in 1894, and who has since been associated with Dr. A. B. Thrasher of Cincinnati in the practice of oto-laryngology, is now associated with Dr. John F. Barnhill, Indianapolis, taking care of the medical and surgical treatment of oto-laryngological diseases.

GOVERNOR GOODRICH broke the first ground and Mayor Jewett of Indianapolis turned the second spade of dirt on the afternoon of June 18 for the new \$238,000 building of the Indiana University School of Medicine on the grounds of the Robert W. Long Hospital, Indianapolis. Work began immediately on the excavation, and it is intended that the building shall be pushed to rapid completion.

DR. O. J. GRONENDYKE has purchased an interest in the Newcastle Clinic and removed his office to the Clinic Building. The Clinic has lost several of its physicians and dentists by enlistment in army service, among whom are Drs. Westhafer, Bitler, Gerald Hiatt and Wiggins, and announces that after July 1 the personnel of the Newcastle Clinic will consist of Drs. O. J. Gronendyke, G. H. Smith, J. E. Hiatt, and H. W. MacDonald.

IN connection with the statement that "France is finding in tuberculosis one of the worst of war's by-products," comes the statement that four tuberculosis hospitals in France are now maintained and conducted solely by the American Red Cross, ninety-six French hospitals are aided with funds and supplies, and in addition much educational and visitational work is being done.

THE Treasury Department authorizes the statement that in order to protect the health of workers at a time when the labor of every man possible is needed, the U. S. Public Health Service has been directed to give antityphoid inoculations without charge to all who apply to any of its hospitals or field offices. This will include the territory in the extracantonment zones, U. S. Marine hospitals, etc.

ACCORDING to official report, a compromise has been effected on the Senate amendment to the General Army Bill increasing the number of officers in the Medical Corps. This compromise provides for two major-generals and two brigadier-generals to be added to the regular staff of the Corps, and one major-general and two brigadier-generals for the National Army overseas.

AN appointment of great interest to doctors of the state is that of Dr. O. G. Pfaff, who has been commissioned major in the Medical Officers' Reserve Corps and assigned to duty as official examiner at Indianapolis. All doctors who wish to be examined for a commission in the M. O. R. C. should write either to Major Pfaff, 333 Newton Claypool Building, or to the office of the executive secretary, in order that an appointment may be made.

MANY doctors beyond the age limit of 55 years prescribed for officers in the Medical Reserve Corps have no doubt been wondering what has become of the Volunteer Service Corps organized for home service. A letter has been sent to Washington asking for full details of the work which this organization is expected to accomplish and requesting that the committee appointed by Dr. Eastman to look after this work be authorized to formally enroll all eligible Indiana doctors. A special badge has been made to be worn by members of the Volunteer Service Corps, but so far none has been sent to this state.

Dr. Thomas B. Noble, Dr. T. C. Hood and Dr. R. C. Ottinger, Indianapolis, have moved into a new suite of rooms at 1008 Hume-Mansur Building. The suite contains six rooms which receive light from three sides. All the furniture is new, the walls have been specially tinted, and the use of ferns and pictures make the offices unusually attractive. Wicker furniture upholstered in gray is used in the reception room, which is one of the most inviting.

DURING June the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Cutter Laboratory: Antipneumococcic Serum, Type I.

Mead, Johnson & Co.: Mead's Dextri-Maltose, No. 2; Mead's Dextri-Maltose, No. 3.

H. K. Mulford Co.: Antipneumococcic Serum, Type I; Antipneumococcic Serum, Poly-valent.

RESOLUTIONS urging that Dr. William C. Gorgas be retained as Surgeon-General of the U. S. Army after October 1, when he will have reached the age limit which would automatically place him upon the retired list, have been passed by the American Medical Association, the American Laryngological Association, the Laryngological, Rhinological and Otological Society, and forwarded to President Wilson. The petitions ask that Dr. Gorgas be continued in his office as long as he is physically able to perform his duties.

THE unveiling of the capstone of the Irene Byron Tuberculosis Hospital (Allen County) was accompanied by fitting ceremony on Sunday afternoon, July 7. The Hon. Albert E. Thomas, Charles R. Lane, and the Rev. A. J. Folsom were the principal speakers, and sincere tribute was paid to the memory of Irene Byron (for a number of years local secretary for the Allen County Anti-Tuberculosis League, and giving up her life a few months ago while serving as an army nurse in one of the southern cantonments), in whose memory the Allen County Tuberculosis Hospital was named.

DR. ADA E. SCHWEITZER of Indianapolis has been granted leave of absence from the Indiana State Board of Health and is conducting an extensive survey in the city of Gary under the direction of the Children's Bureau. The sur-

vey and campaign covers: Complete registration of births; prenatal instruction for every mother and adequate care by doctors; weighing and measuring of all children under six years of age; a campaign of publicity and education in child hygiene; children's conferences where well babies can be taken periodically for examination, clinics; public health nurses throughout the state; guarding of the milk supply.

A CLIPPING from the Portland (Ore.) *Daily Journal* of June 26 tells of a stirring address delivered by Dr. J. Chris O'Day of Honolulu before the alumni association of the University of Oregon Medical School, in which he rebuked the Irish who refuse aid in this war against the Hun, saying in part, "Let those Irish in Ireland who are resisting conscription know that those of us here who have their blood in our veins are entirely out of sympathy with their efforts to defeat our great ally, Great Britain, in this, the struggle to save the freedom that has given us the only chance we ever had of expressing ourselves." Dr. O'Day was formerly of Indiana, and will be well remembered by many Indiana doctors.

THE Secretary of War has authorized the Surgeon-General of the Army to establish an army school of nursing with branch training schools in various selected military hospitals throughout the United States. The necessities of the war required the establishment of this training to supplement the present supply of trained graduate nurses. The opening of this course of nursing will give opportunity for patriotic young women to become army nurses. The courses in nursing will conform, as far as possible, to the courses in the civil hospitals, and diplomas will be granted, providing these hospitals remain open long enough to complete the course in accordance with present civil hospital standards.

At a recent meeting of the Board of Overseers of Harvard University announcement was made of the following changes in the faculty of the Harvard Medical School: Dr. Richard C. Cabot was elected clinical professor of medicine, Dr. Eugene A. Crockett was elected Le Compt professor of otology and Dr. P. S. Newell, clinical professor of obstetrics. Dr. Worth Hale has been appointed secretary of the medical faculty, to succeed Dr. McIver Woody, who has been commissioned in the

Medical Reserve Corps and called to active duty. Dr. W. G. Webber, of the department of preventive medicine and hygiene, has also entered government service. Other appointments were as follows: Dr. Edward A. Boyden, instructor in comparative anatomy; Dr. Ernest W. Goodpasture, instructor in pathology; Dr. Frederick S. Burns, instructor in dermatology; Dr. Calvin G. Page, instructor in bacteriology; Dr. Robert M. Green, instructor in anatomy; Dr. Fritz B. Talbot, instructor in pediatrics; Dr. Charles H. Dunn, instructor in pediatrics; Dr. Edwin A. Locke, assistant professor of medicine; Dr. William J. Crozier, resident naturalist of the Bermuda Biological Station for Research.

Dr. Lorin W. Smith of Wabash, who was so terribly burned in an automobile accident April, 1917, and lost his limbs above the knees from the burns, has returned from Atlanta, Ga., where he has been fitted with artificial limbs which work satisfactorily. He hopes to master them well within the year. While in Atlanta he was treated by the famous Bergonie method to restore inactive muscles. This method of restoration is used in Base Hospital No. 6 at Fort Macpherson. Soldiers returning from France suffering from shell shock, amputations and paralysis are restored in a few weeks. At present the only restoration hospital fitted with this apparatus is Base No. 6, but it is the purpose to soon install the Bergonie method in all army restoration hospitals.

DR. WALLACE W. WHEAT of Rosedale, refusing to support and showing considerable animosity toward every movement to raise funds for war purposes—Liberty Loans, Red Cross, War Savings Stamps, etc.—was visited by a self-appointed committee on June 20 with the demand for an explanation as to his conduct. Considerable parley followed and much animosity shown; Wheat finally coming to the door with a rifle and firing three shots into the crowd, none of which took effect. The doctor was arrested and later released on bond. Not only is he charged with the non-support of the various war funds, although said to be worth between \$15,000 and \$20,000, but he also is reported to have permitted turnips, beans and various other food stuffs to decay because unable to get the high price which he had set for same.

ORDERS to officers of the Medical Reserve Corps, as pertains to Indiana doctors, during the month of June:

To Camp Lee, Petersburg, Va., for duty, from Army Medical School, Lieut. PORTER W. HOPKINS, East Chicago.

To Camp McClellan, Anniston, and *Camp Sheridan*, Montgomery, Ala., and *Camp Wheeler*, Macon, Ga., for conference, and on completion to his proper station, from Camp Gordon, Major SIMON J. YOUNG, Valparaiso.

To Camp Pike, Little Rock, Ark., base hospital, Capt. THOMAS Z. BALL, Waveland.

To Camp Sheridan, Montgomery, Ala., for duty, Lieut. LEE M. GREEN, Easthaven.

To Camp Sherman, Chillicothe, Ohio, base hospital, from Chicago, Lieut. WILFRED P. FRELIGH, Terre Haute.

To Fort Oglethorpe for instruction, Lieut. JACOB ADER, Danville.

To Hoboken, N. J., for duty, from Fort Oglethorpe, Capt. GEORGE H. HOCKETT, Anderson.

To Camp A. A. Humphreys, Accotink, Va., base hospital, from Fort Oglethorpe, Lieut. MILES F. PORTER, Fort Wayne.

To Camp Dix, Wrightstown, N. J., for duty, Capt. JOHN M. WALLACE, Ridgeville.

To Camp Dodge, Des Moines, Iowa, base hospital, Lieut. ROBERT C. HAMILTON, Indiana Harbor.

To Camp Sevier, Greenville, S. C., to examine drafted troops and on completion to his proper station, from Camp Jackson, Lieut. CHARLES F. VOIGT, New Albany.

To Camp Sherman, Chillicothe, Ohio, base hospital, Capt. HERBERT E. WHITLEDGE, Evansville.

To Camp Zachary Taylor, Louisville, Ky., base hospital, from Camp Kearny, Lieut. ARLIE J. ULLRICH, Aurora.

To Fort Oglethorpe for instruction, Lieut. ELI LEVIN, Indiana Harbor; from Chicago, Lieut. HELMUTH C. W. ERNST, East Chicago.

To Hoboken, N. J., for duty, Lieut. JOSEPH M. FREEMAN, Sullivan; from Camp Wadsworth, Lieut. WALTER D. MARTIN, Kramer; from Camp Wheeler, Lieut. ELMER E. EIFERT, Jasper; from Fort Oglethorpe, Capt. GEORGE H. HOCKETT, Anderson; from Washington, D. C., Lieut. JOHN S. ROBINSON, Winchester.

To New York City, Bellevue Hospital, for instruction, and on completion to his proper station, from Camp Zachary Taylor, Lieut. EDGAR N. MENDENHALL, Fort Wayne.

To Philadelphia, Pa., University Hospital, for instruction, and on completion to his proper station, from Camp McClellan, Lieut. JOHN J. CONNELLY, Rockville.

To Pittsburgh, Pa., Carnegie Bldg., for instruction, and on completion to his proper station, from Camp Beuregard, Lieut. EDWARD L. DEWEY, Whiting.

To Plattsburg Barracks, N. Y., for duty, from Fort Strong, Major THOMAS B. V. KEENE, Indianapolis.

To Rockefeller Institute for instruction in the treatment of infected wounds, and on completion to Waynesville, N. C., for duty, Capt. FRANKLIN T. WILCOX, Laporte.

To Washington, D. C., for duty in the Surgeon-General's Office, from Camp Grant, Capt. CLAUDE DuV. HOLMES, Indianapolis.

To Camp Sherman, Chillicothe, Ohio, for duty, Lieut. VENICE D. KEISER, Indianapolis.

To Camp Travis, Fort Sam Houston, Texas, for duty, from Fort Clark, Texas, Lieut. EDGAR R. HIATT, Portland.

To New York City, Cornell Medical College, for instruction in military roentgenology, from Fort Oglethorpe, Lieut. CHESTER A. MARSH, Newcastle.

To Army Medical School for instruction, and on completion to Boston, Mass., Harvard Graduate School of Medicine, for further instruction, from San Antonio, Capt. WILLIAM C. MOSS, Bunker Hill.

To Camp Custer, Battle Creek, Mich., for duty, Lieut. ALBERT C. CLAUSER, Delphi.

To Camp Gordon, Atlanta, Ga., base hospital, from Army Medical School, Capt. MERTON A. FARLOW, Milroy.

To Camp Kearny, Linda Vista, Calif., as assistant to the camp surgeon, from Fort Riley, Lieut. ALFRED W. HADLEY, Jasonville.

To Camp Lee, Petersburg, Va., for duty, from Army Medical School, Lieut. PORTER W. HOPKINS, East Chicago.

To Camp Sevier, Greenville, S. C., for temporary duty, from Fort Oglethorpe, Lieut. WILLIAM C. MEYERS, Dava.

To Camp Zachary Taylor, Louisville, Ky., for duty, from Camp Zachary Taylor, Capt. HUBERT P. BUTTS, Pierceville.

To Fort McHenry, Md., for duty, from Camp Lee, Major ALFRED P. ROOPE, Columbus; from Fort Oglethorpe, Capt. JONES L. SAUNDERS, Newport.

To Fort Oglethorpe for instruction, Lieut. HAROLD J. PIERCE, Terre Haute.

To Mineola, L. I., N. Y., Signal Corps Aviation School, for duty, Lieut. EARL M. KOONS, Indianapolis.

To Otisville, N. Y., for duty, from Camp Wadsworth, Capt. BENONI S. ROSE, Evansville.

To report by wire to the commanding general, Western Department, for assignment to duty, from Camp Kearny, Capt. JOHN E. METCALF, Gary.

To Washington, D. C., for duty in the Surgeon-General's Office, from Fort Oglethorpe, Major HORACE R. ALLEN, Indianapolis.

To Camp Lee, Petersburg, Va., for duty, from Fort Oglethorpe, Lieut. JOHN F. DOWNING, Yorktown.

To Camp Travis, Fort Sam Houston, Texas, for duty, Lieut. GEORGE M. COOK, Mooresville.

To Fort Benjamin Harrison, Ind., for duty, Capt. MALACHI P. COMBS, Terre Haute; from Camp Dix, Capt. GEORGE C. VAN MATER, Peru.

To Fort Oglethorpe for instruction, Capt. GEORGE H. VAN KIRK, Kentland; Lieuts. OLIVER M. JOHNSON, Kokomo; JOSEPH A. STOECKINGER, Mishawaka.

To Fort Sam Houston, Texas, for duty, from Camp Beauregard, Capt. JAMES A. WORK, Jr., Elkhart.

To Fort Warren, Mass., for duty, Capt. LUKE P. V. WILLIAMS, Whiteland; Lieut. WILLIAM T. FISHER, Shelbyville.

To Hoboken, N. J., for duty, from Camp Meade, Lieuts. HERMAN H. GICK, Indianapolis; OLIVER E. GRIEST, Lafayette.

To Jackson Barracks, La., for duty, Lieut. MORA S. BULLA, Richmond.

To San Francisco, Calif., for instruction, and on completion to his proper station, from Camp Cody, Capt. BUDD VAN SWERINGEN, Fort Wayne.

A REPORT just received from Washington shows that 140 Indiana doctors were commissioned in June. This number chiefly includes those men who applied in April and May, so that when the later totals are handed down Indiana's standing will be improved greatly. The quota up to July 1 has been more than filled. This does not mean that Indiana doctors who have not yet applied may content themselves with the state's showing up to July 1, as every doctor of military age should be enrolled in the Reserve Corps so that he may be called upon when needed. He will not have long to wait if he desires immediate service, as the government must obtain many more doctors to care for the constantly increasing draft quotas. The following list covers Indiana commissions given in June:

CAPTAINS

Samuel C. Norris, Anderson; Malcolm L. Samms, Batesville; Homer Woolery, Bloomington; Harry Elliott, Brazil; William C. Squire, Cambridge City; James W. Benham, Columbus; James B. Young, Cumberland; Joseph P. Seale, Fairmount; Samuel W. Hervey, Fortville; Herbert A. Ray, Fort Wayne; Charles M. Gibbs, Greenfield; Julius A. Chevigny, Benjamin W. Chidlow, A. W. Lloyd, William E. Nichols and Hugh J. White, Hammond; William J. Norton, Hope; Emil T. Dippel, Huntington; Stephen L. Egart, Clarence R. Strickland, B. J. Terrell and John T. Wheeler, Indianapolis; George W. Threlkeld, Jeffersonville; Harry J. Davis, Aldine E. Morgan, John W. Shafer and Harry N. Swezey, Lafayette;

Albert A. Thomas, Linton; Roland A. Wiltshire, Morristown; Robert A. Cushman, Princeton; Allan L. Brankamp, John M. Fouts and Rollo J. Pierce, Richmond; Charles S. Bosenbury and Arthur L. Knapp, South Bend; Julius C. Bohm and Frank A. Tabor, Terre Haute; Robley D. Blount, Valparaiso; Charles C. DuBois, Warsaw; Heilman C. Wadsworth, Washington, and John T. McFarlin, Williams.

FIRST LIEUTENANTS

Perry Lawson Ferry, Akron; John Charles Armstrong, Anderson; Joseph Orth Thayer, Arcadia; Alvin Robert Kerr, Attica; Earl J. Cripe, Atwood; Charles Cogley Marshall, Aurora; Charles Henry Schenck, Berne; Harry Edgar Dees, Bicknell; Virgil Gordon, Blountsville; Francis Marion Dickeson, Clarence Harvard Mead, Fred Arlington Metts and John Leslie Redding, Bluffton; Walter Philips Robinson, Boonville; Robert Warren Hawkins and Harry Milton Pell, Brazil; Pearl Roy Bennet, Bridgeton; Ross Alvah Cooper, Carmel; Alfred Bruce Coyner, Chalmers Archie Schuyler Brown, Clay City; William Carl Landis, Claypool; Alvah Preston Warman, Clinton; Irvin Hamilton Sonne, Corydon; Faye O. Schenck, Crawfordsville; Louis Woodruff Armstrong, Danville; Sterling Peter Hoffman, Decatur; George Milton Shewalter, Elwood; Edward Everett Evans and Ernest Lennox Schaible, Gary; Dewitt Rush Good, Greenwood; Francis Harry Fox, Onis Oliver Melton and Alva Andrew Young, Hammond; Herbert Leigh Buckles and William Allen Hollis, Hartford City; Charles A. Sellers, Hartford; Dwight Mackey, Hobart; Frank Henry Mervis, Indiana Harbor; Henry Carl Brauchla, Mitchell Otis Bevaney, John Lincoln Glendenning, William Francis Goseler, Robert A. Milliken, Walter A. Ohmart, Ross Clement Ottinger, Martin Trimble Patton, Frederick Clyde Potter, Thomas Little Sullivan, Jr., Frank L. Truitt, Harrison A. Walker, Horace Raymond Willen and Emil Gustave Winter, Indianapolis; Arthur James Bauer, Charles Jesse Brockway, Carl Vinton Davisson, Frank Park Hunter, Harry John Laws, Furman Leaming Pike, Earl Van Reed, Edward Barnard Ruschli and Archie Francis Schultz, Lafayette; Marvin Floyd Fisher, Lafontaine; Luther H. Ratliff, Lawrence; Frederic C. Denny, Madison; James Clay Ross, Marion; Byron Jay Wyland, Mishawaka; James Monroe Quick, Muncie; George Glenn Wimmer, Mt. Etna; Samuel Alvin Smoots, New Middletown; Elmer Ellsworth Mace, New Palestine; Garner Nicholas Durley, North Webster; Willard Bruzzle Ashby, Oakland City; Samuel L. Lingle and Schuyler Ferre Teaford, Paoli; Martin Luther Wagner, Peru; Mark A. Horan, Portland; Amos Harry Rhodes, Princeton; Merle D. Gwin, Rensselaer; George Beam Hunt and Solomon Garfield Smelzer, Richmond; Howard Hiram Jones, Salamonina; Joshua Mandel Gordon, South Bend; John Heath Hewitt and Spencer Marcus Rice, Terre Haute; Alfred Andrew Thompson, Tyner; Fred McKemy Ruby, Union City; Byrum Wright Harris, Uniondale; Harry Edmund Gowland, Valparaiso; George Walter Smail, Veedersburg; Claude Smith Black and Lucian Willis Smith, Warren; Clarence E. Boyd, West Baden; George Hadden McCaskey, West Newton; Colonel Gleason Mackey, Whiting, and Vierl Clair Griffis, Williamsburg.

CORRESPONDENCE

TO THE SURGEONS OF THE CIVIL WAR

MUNCIE, IND.,
July 1, 1918.

Editor THE JOURNAL:

I am anxious to secure the names of surviving surgeons, assistant surgeons, and naval surgeons who served in Indiana regiments or navy during the Civil War. A list of the names of those who are yet alive will be helpful for patriotic use at our State Medical Association meeting to be held at Indianapolis next September.

To my living comrades who served in the medical department, let me urge you to mail me a postal card, giving your name, present address, and service in the army.

I will publish the names when sent in.

Respectfully,
G. W. H. KEMPER, M.D.,
Muncie, Ind.

PROCAINE AND NOVOCAINE IDENTICAL

To the Editor:

It appears that in certain quarters the attitude is taken that the local anesthetic sold as Procaine is not identical with that marketed as Novocaine. The Subcommittee on Synthetic Drugs of the National Research Council believes it important that this misunderstanding should be corrected and hence offers the following explanation:

The monohydrochloride of para-amino-benzoyldiethyl-amino-ethanol, which was formerly made in Germany by the Farbwerke vorm. Meister, Lucius and Bruening, Hoechst A.M., and sold under the trademarked name Novocaine, is now manufactured in the United States. Under the provisions of the Trading with the Enemy Act, the Federal Trade Commission has taken over the patent that gave monopoly for the manufacture and sale of the local anesthetic to the German corporation, and has issued licenses to American concerns for the manufacture of the product. This license makes it a condition that the product first introduced under the proprietary name "Novocaine" shall be called Procaine, and that it shall in every way be the same as the article formerly obtained from Germany. To insure this identity with the German Novocaine, the Federal Trade Commission has submitted the

product of each firm licensed to the A. M. A. Chemical Laboratory to establish its chemical identity and purity, and to the Cornell pharmacologist, Dr. R. A. Hatcher, to determine that it was not unduly toxic.

So far, the following firms have been licensed to manufacture and sell Procaine:

The Abbott Laboratories, Ravenswood, Chicago.

Farbwerke-Hoechst Company, New York, N. Y.

Rector Chemical Co., Inc., New York, N. Y.

Calco Chemical Company, Bound Brook, N. J.

Of these, the first three firms are offering their products for sale at this time, and have secured their admission to New and Nonofficial Remedies as brands of Procaine which comply with the New and Nonofficial Remedies standards.

While all firms are required to sell their product under the official name "Procaine," the Farbwerke-Hoechst Company is permitted to use the trade designation "Novocaine" in addition, since it holds the right to this designation by virtue of trademark registration.

In conclusion: Procaine is identical with the substance first introduced as Novocaine. In the interest of rational nomenclature, the first term should be used in prescriptions and scientific contributions. If it is deemed necessary to designate the product of a particular firm, this may be done by writing Procaine-Abbott, Procaine-Rector, or Procaine-Farbwerke (or Procaine [Novocaine brand]).

Yours truly,

JULIUS STIEGLITZ, Chairman,
Subcommittee on Synthetic Drugs,
National Research Council.

SOCIETY PROCEEDINGS

INDIANA STATE MEDICAL ASSOCIATION

Standing of Counties in 100 Per Cent. Club Contest
Counties Qualified June 15

	1917	1918
Tipton	23	25
Clinton	20	25
Union	8	9
Dearborn-Ohio	24	26
Sullivan	29	29
Lagrange	20	20
Jay	17	17
Orange	15	17
Perry	13	13
Scott	3	3
Elkhart	61	61
Jasper-Newton	19	21
Morgan	16	16

Counties Not Yet Qualified

	1917	1918
St. Joseph	68	67
Tippecanoe	60	59
Cass	45	44
Knox	44	43
Wayne	55	53
Kosciusko	24	23
Delaware-Blackford	72	69
Jackson	23	22
Monroe	20	19
Fountain-Warren	33	31
Dubois	16	15
Pulaski	16	15
Floyd	31	29
Pike	15	14
Marion	325	302
Vigo	95	88
Wells	25	23
Hancock	22	20
Bartholomew	29	26
Miami	28	25
LaPorte	51	45
Carroll	25	22
Daviess	25	22
Grant	48	42
Franklin	8	7
White	8	7
Jennings	15	13
Putnam	22	19
Randolph	28	24
Owen	14	12
Warrick	14	12
DeKalb	21	18
Spencer	20	17
Huntington	33	28
Montgomery	37	31
Lawrence	24	20
Decatur	18	15
Martin	11	9
Hendricks	27	22
Adams	20	16
Parke-Vermilion	24	19
Jefferson	19	15
Henry	41	32
Greene	18	14
Howard	39	30
Posey	17	13
Steuben	17	13
Whitley	21	16
Lake	104	79
Crawford	8	6
Allen	95	71
Fayette	15	11
Switzerland	11	8
Gibson	33	24
Wabash	25	18
Vanderburgh	70	50
Johnson	21	15
Madison	52	37
Clay	23	16
Harrison	8	5
Washington	5	3
Boone	22	13
Noble	31	17
Marshall	23	12
Shelby	15	7
Clark	14	5
Ripley	14	2

DELAWARE-BLACKFORD

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. building Friday evening, June 7, and was called to order at 8:30 by President O. E. Spurgeon.

Dr. C. F. Neu, of Indianapolis, was the speaker for the evening. He used for his subject, "Cerebro-Spinal Meningitis," and said: Cerebro-Spinal Meningitis is both infectious and contagious, being spread mainly by carriers. The disease rarely occurs in hospitals, and is confined mostly to temperate zones. The cocci gain entrance through the nasopharyngeal passage, but the path of their further progress toward the ultimate field of action is not absolutely determined, but the disease is probably systemic before it becomes meningeal and localized, for during the period in which petechiae, chills, fever and vomiting are active the spinal fluid may be clear. This contention is further emphasized by the fact that early intravenous injection of Flexner's serum brings results.

Only in the early stages should there be difficulty in diagnoses. Symptoms arising from toxic conditions in children may present a similar picture, and during an epidemic of gripe the diagnoses may be easily confused. It must be remembered that the cell is modified by the nature, virulence and stage of the disease, but the clot is diffuse, cob-web like, cells rapidly increase and are mostly polynuclear type.

In tubercular meningitis the clot forms around a central point with radiating filaments; cell increase varies from 45 to 300 and are mostly lymphocytic. In poliomyelitis there is no clot and the cell increase is only from 10 to 45.

The treatment is divided into three groups.

Prophylactic: Segregation of persons exposed. Spraying of nasopharynx with 1 per cent. H_2O_2 , or a 0.5 per cent. solution of formaldehyd, Flexner's serum.

Palliative: Ice to head; antipyrin; opiates (to be avoided if possible as they disguise symptoms); bromides; chloral for convulsions, blister, warm bath or pack. Calomel.

Specific: Flexner's serum. Dose for an infant under 1 year, 15 c.c. Adult, 25 c.c. to be injected intraspinaly at extreme intervals of two days. Short intervals of from twelve to twenty-four hours are preferable. The total amount varies from 60 to 180 c.c., usually given in from five to eight doses.

Flexner's serum was placed on the market in 1905. Previous to this date the mortality rate was from 45 to 90 per cent. Serum treatment has reduced the rate to from 12 to 15 per cent. Complications which formerly were of such frequent occurrence are rare under serum treatment. When the patient fails to improve under prompt administration of serum we may well question the diagnosis.

All physicians should learn to do lumbar puncture for the patient's life depends on an early diagnosis and prompt treatment.

H. D. FAIR, Secretary.

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

ANTIPNEUMOCOCCUS SERUM.—A serum obtained from horses immunized with virulent pneumococci. Each lot of antipneumococcic serum is submitted by the manufacturer to the U. S. Hygienic Laboratory for potency test. Early massive (from 50 to 10 Cc.) intravenous doses of a highly potent serum prepared from the type of pneumococcus present in the case to be treated are necessary. The serum used should be obtained from an animal immunized with pneumococci of the type corresponding to that present in the special case under treatment. Thus far Type I serum alone seems to be on reasonably secure clinical grounds.

ANTIPNEUMOCOCCUS SERUM, TYPE I, LEDERLE.—Marketed in a pressure syringe containing 50 Cc. Schieffelin and Co., New York.

ANTIPNEUMOCOCCIC SERUM, TYPE I, P. D. & Co.—Marketed in a piston syringe containing 50 Cc. Parke, Davis & Co., Detroit.

ANTIPNEUMOCOCCIC SERUM, TYPE I, SQUIBB.—Marketed in vials containing 50 Cc. E. R. Squibb & Sons, New York.

ACID. PHENYLGINCH.-MORGENSTERN.—A brand of phenylcinchoninic acid. U. S. P. It is sold as Tablets Acid. Phenylginch.-Morgenstern containing 0.5 gm. acid. phenylginch., and as Sodium Phenylginch.-Water-Morgenstern, a solution of sodium phenylcinchoninate containing sodium bicarbonate and sugar and representing the equivalent of 1 gm. acid. phenylginch.-Morgenstern per fluidounce.

PROCAINE-RECTOR.—A brand of procaine complying with the N. N. R. standards. Procaine is the substance which was first introduced as "novocaine." The Rector Chemical Co., Inc., New York.

BIARIUM SULPHATE-BRADY FOR ROENTGEN-RAY WORK.—A brand complying with the N. N. R. standards for barium sulphate for Roentgen-ray work. Geo. W. Brady & Co., Chicago (*Jour. A. M. A.*, June 1, 1918, p. 1599).

ANTIPNEUMOCOCCIC SERUM, TYPE I, CUTTER.—Marketed in vials containing 50 Cc. Cutter Laboratory, Berkeley, Calif.

ANTIPNEUMOCOCCIC SERUM, TYPE I, MULFORD.—Marketed in double ended vials containing 50 Cc. H. K. Mulford Co., Philadelphia.

ANTIPNEUMOCOCCIC SERUM, POLYVALENT, MULFORD.—Prepared by immunizing horses with dead and living pneumococci of the three fixed types (Types I, II, III). Marketed in double ended vials containing 50 Cc. each, with sterile needle and tubing for intravenous injection. H. K. Mulford Co., Philadelphia (*Jour. A. M. A.*, June 22, 1918, p. 1923).

PROPAGANDA FOR REFORM

SODIUM VERSUS POTASSIUM.—When the embargo was declared on Germany, the price of potassium salts in this country began to soar. Now steps are being taken for the production of potassium in this country. In the meantime the plentiful sodium salts may, in most cases, be used instead. There is no evidence that potassium salts are superior therapeutically to sodium salts, and they are very much cheaper. Sodium acetate, sodium bicarbonate, sodium bromid, sodium chlorate and sodium hydroxid are among the sodium salts which may with advantage replace the corresponding potassium salts (*Jour. A. M. A.*, June 1, 1918, p. 1601).

MISBRANDED NOSTRUMS.—The following preparations have been investigated by the Federal authorities and their proprietors convicted of misbranding under the Federal Food and Drugs Act: Dr. Swan's Liver and Kidney Remedy, containing alcohol, sugar, glycerin, sodium salicylate, strychnin and some laxative plant drug, with indications of juniper. —Stuart's Calcium Wafers, containing strychnin, despite the claim that it contained no poisonous ingredient. —Turpentine Man's or Tyding's Remedy, a glucose sirup containing potassium iodid, alcohol and traces of salicylic acid, phosphates, calcium and alkaloids. —Henry's Red Gum Compound, containing heroin, chloroform, alcohol, glycerin and sugar. —Athlophoros, a solution of glycerin, sodium salicylate, oil of cinnamon and water. —Dr. Thatcher's Cholera Mixture, containing alcohol, morphin, a laxative drug, sugar and aromatics. —Dr. Thatcher's Amber Injection, containing alcohol, opium and zinc sulphate to which acetic acid had been added. —Abbott Bros. Rheumatic Remedy, containing 24 per cent. alcohol with 5 grains potassium iodid to each teaspoonful with extracts of drugs such as sarsaparilla and dandelion (*Jour. A. M. A.*, June 1, 1918, p. 1624).

ORCHIS EXTRACT.—A post office fraud order has been issued against Fred A. Leach, doing business as the Packers Product Company, Chicago. The business which the post office has declared a fraud consisted in the sale of Orchis Extract, claimed to be a remedy for lost sexual powers, etc. The Federal chemists found that Orchis Extract tablets consisted of milk sugar, orchitic animal tissue, and agents used in compressing the tablets (*Jour. A. M. A.*, June 8, 1918, p. 1786).

CARE IN ADMINISTERING ARSPHENAMINE.—More than the ordinary severe reactions from arspenamine have been reported lately; hence there is need of special care at the present time in the administration of arspenamine. The question may justly be raised if it is wise to repeat the administration at very short intervals. There also are indications to suggest the wisdom of beginning with small doses. Also, while heat may be used in dissolving the arsenobenzol brand of arspenamine, it should be avoided in the case of the other brands which are readily soluble in water (*Jour. A. M. A.*, June 15, 1918, p. 1867).

COTARNIN HYDROCHLORID.—P. J. Hanzlik reports that while the description of the actions and uses of cotarnin hydrochlorid given in New and Nonofficial Remedies tentatively accepts certain current statements in the absence of definite published data, experiments with animals carried out by him demonstrate that the drug is devoid of hemostatic action. He holds that cotarnin hydrochlorid is entirely worthless as a local hemostatic (*Jour. A. M. A.*, June 15, 1918, p. 1883).

SEVERAL "MIXED" VACCINES NOT ADMITTED TO N. N. R.—The Council on Pharmacy and Chemistry publishes a report announcing the rejection of a number of "mixed" vaccines. In publishing its report the Council explains its attitude toward this class of products: In view of the rapid development of bacterial therapy, the possibility for harm that attends the use of bacterial vaccines and the skepticism among experienced clinicians as to the value of vaccines representing a combination of organisms, the Council has felt that it should scrutinize the claims for such agents with exceptional care and admit to New and Nonofficial Remedies only those vaccine mixtures for which there is acceptable evidence to indicate that the particular mixture is rational. Experienced clinicians have generally come to the conclusion that mixed vaccines have no specific action and that any effect they may produce is due to a non-specific protein reaction. The preparations rejected in the accompanying reports are only a few of the many that are being sold by some biological

houses. The report explains in detail the considerations which led to the rejection of the following preparations, all of which were considered because of inquiry received: 1. The Abbott Laboratories: M. Catarrhalis-Combined-Bacterin, B. Coli-Combined-Bacterin, Pertussis-Combined-Bacterin, Streptococcus-Rheumaticus-Combined-Bacterin and Streptococcus-Viridans-Combined-Bacterin. 2. Eli Lilly and Company: Catarrhal Vaccine Combined and Influenza Vaccine Combined. 3. H. K. Mulford Company: Influenza Serobacterin Mixed. 4. G. H. Sherman: Sherman's Mixed Vaccine No. 40 (*Jour. A. M. A.*, June 22, 1918, p. 1967).

MICROCOCOCCUS NEOFORMANS VACCINE.—This was admitted to New and Nonofficial Remedies in 1910 since at that time it gave some promise of therapeutic value. It has now been omitted because at the present time there is no evidence that the vaccine is of the slightest value and because its lack of value is demonstrated by the fact that during these years it has not made a recognized place for itself in therapeutics. The available information indicates that the micrococcus neoformans does not differ materially from ordinary skin cocci which are described in New and Nonofficial Remedies under staphylococcus vaccine (*Reports of the Council on Pharmacy and Chemistry*, 1917, p. 152).

NU-TONE.—This "nutritive tonic" is said to have the following complex composition: Cod Liver Oil, Pure Norwegian, 25 per cent., Malt Extract, 9½ per cent., Beef Juice, Glycerine, Hypophosphite Lime, Hypophosphite Soda, chemically pure, 1½ grains each to the ounce, Fluidextract Nux Vomica, ¾ of a minim in each teaspoonful. It is advertised with claims that will lead thoughtless physicians and a confiding public to depend on it in cases in which fresh air, hygienic surroundings and nutritious food are of prime importance. Adults are to take this preparation as a "nutritive" in doses which represent from 3 to 12 grains of sugar and 8 to 30 minims of cod liver oil with unstated, but probably equally small, amounts of beef juice. The Council on Pharmacy and Chemistry declared NuTone inadmissible to New and Nonofficial Remedies because it is an irrational, shotgun mixture advertised indirectly to the public with unwarranted therapeutic claims and a non-descriptive therapeutically suggestive name (*Reports of the Council on Pharmacy and Chemistry*, 1917, p. 154).

UNCTOL.—This is a paste stated by the R. R. Rogers Chemical Co., San Francisco, to contain approximately 40 per cent. metallic mercury in a soap base. It is sold as a substitute for mercurial ointment with the claim that it is more efficacious. The Council on Pharmacy and Chemistry declared Uinctol inadmissible to New and Nonofficial Remedies because the claim for superiority over mercurial ointment is not substantiated and constitutes an unwarranted therapeutic claim; the name does not indicate the composition of this pharmaceutical mixture and because the circular wrapped with the trade package advertises proprietary preparations not accepted by the Council (*Reports of the Council on Pharmacy and Chemistry*, 1917, p. 162).

V-E-M PRODUCTS.—The Schoonmaker Laboratories, Inc., New York, market V-E-M Unguentum Eucalyptol Compound, V-E-M with Ichthyol, V-E-M with Stearate of Zinc, V-E-M with Camphor, V-E-M with Boric Acid. The Council on Pharmacy and Chemistry declared these preparations in conflict with its rules because unwarranted therapeutic claims were made for them; because the public was advised to depend on them in the treatment of diseases and because these combinations of ingredients in fixed proportions under proprietary names are irrational (*Reports Council on Pharmacy and Chemistry*, 1917, p. 163).

BOOK REVIEWS

MEDICAL SERVICE AT THE FRONT. By Lieut.-Col. John McCombe, C.A.M.C., and Capt. A. F. Menzies, M.C., C.A.M.C. Illustrated. Cloth, \$1.25. Lea & Febiger, Philadelphia and New York, 1918.

In this little manual the authors have attempted to tell in a plain, brief way about the arrangements for the care of the sick and wounded anywhere along the line held by the British. Details and data of the medical service are given quite fully, but not to the extent of confusing the reader. It is most instructive, especially to medical men, to obtain the knowledge presented in a work of this kind. To medical officers in the Army, whether on active duty or not, this manual should be not only of extreme interest but of unusual value, and among them, at least, it should enjoy a tremendous popularity.

SYPHILIS AND PUBLIC HEALTH. By Edward B. Vedder, A.M., M.D., Lieutenant-Colonel Medical Corps, U. S. Army. Cloth, \$2.25. Lea & Febiger, Philadelphia and New York, 1918.

A work on this subject by this author speaks for itself. No subject in medicine has ever been of more vital general interest than that of syphilis is at present, especially in its relation to public health. The observations made by this author in his experience in the Army and in his general study of this disease has enabled him to accumulate a mass of data and information which is of the greatest interest and value not only to the medical profession but to all humanity. The undue modesty he assumes in having the temerity to believe that the results of his investigations may have some value may be promptly dispelled by the reassurance that in this book he has contributed a work which is really needed, and that this work is a distinct contribution not only to the special branch of syphilology and of public health but to the field of general medicine as well.

A DIABETIC MANUAL FOR THE MUTUAL USE OF DOCTOR AND PATIENT. By Elliott P. Joslin, M.D., Assistant Professor of Medicine, Harvard Medical School; Consulting Physician, Boston City Hospital; Collaborator to the Nutrition Laboratory of the Carnegie Institution of Washington, in Boston; Major, M. R. C. Illustrated. Cloth, \$1.75. Lea & Febiger, Philadelphia and New York, 1918.

There is much in this book that recalls to the reader the earlier work of this author on the treatment of diabetes mellitus. This new work, however, is intended as much and perhaps more for the use of the patient than for the physician, whereas the earlier work is intended primarily—almost entirely—for the medical profession.

A diabetic manual such as this for the use of the patient has long been desired. All others that may have been available up to the present are not satisfactory. This new book fills the need in every way. It is written by one of the best known contemporaneous authorities on the subject of diabetes mellitus, who has enjoyed a tremendous practical experience in the study and management of this disease, and who knows what the patient needs and must learn for himself about this disease.

It is because of the valuable, abundant information this author has gained in his dealing with diabetes and diabetics that he has succeeded in presenting this manual for the use of the patient which so admirably fills the need. In this manual is embodied just the information the diabetic absolutely must have, and this knowledge is given in such plain, simple lan-

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guage that any person of ordinary education and intelligence can very easily comprehend it.

It is a book with which every practitioner should become thoroughly acquainted, and which every diabetic ought to regard as his or her "bible."

A PRACTICAL TEXTBOOK OF INFECTION, IMMUNITY AND SPECIFIC THERAPY, WITH SPECIAL REFERENCE TO IMMUNOLOGIC TECHNIC. By John A. Kolmer, M.D., Dr.P.H., M.Sc., Assistant Professor of Experimental Pathology, University of Pennsylvania; with an Introduction by Allen J. Smith, M.D., Professor of Pathology, University of Pennsylvania. Second edition. Thoroughly revised. Octavo of 978 pages, with 147 original illustrations, 46 in colors. Cloth, \$7.00 net. Philadelphia and London, W. B. Saunders Company, 1917.

Kolmer's book on this subject already is very well known through the first edition of this textbook. In this new edition the general plan has remained unchanged. To bring the work fully up to date a thorough revision was necessary and many additions and alterations have been made. Special attention has been devoted to the subject of chemotherapy. The whole subject is considered quite fully, yet it is presented with the idea of making it a practical treatise as well as a reference work to meet the needs of medical students, practitioners, and laboratory workers.

The many original illustrations, quite a number of them in colors, by Erwin Faber, instructor of medical drawing in the University of Pennsylvania, add to the value of the work to a degree that cannot be overestimated.

Not much comment on this book is necessary. The work speaks for itself. It is one of the most important textbooks on this subject to be had at pres-

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ent, and by revising it and keeping it up to the minute as the progress in this special branch necessitates, the author continues to render a very valuable service to the general medical profession.

THE MEDICAL CLINICS OF NORTH AMERICA. March, 1918. Volume I, Number 5. Published bi-monthly by W. B. Saunders Company, Philadelphia and London.

This volume contains a number of clinics given by some of the best known internists of Chicago. Each clinician presents a subject or subjects in which he takes especial interest or in which he has had some experience of value. Quite a variety of clinical conditions are given and discussed, conditions such as the busy practitioner may meet in his own experience at any time. Much valuable clinical data can thus be obtained from these clinics by any practitioner who would take the time and trouble to read and study them.

THE SURGICAL CLINICS OF CHICAGO. Volume II, Number 2, April, 1918. With 80 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia and London.

Quite a number of unusually interesting surgical cases are presented in this volume, including a case of rat-bite fever presented by Dr. Joseph Brennemann before the Surgical Congress at Chicago, Oct. 24, 1917. Another of the unusual clinical conditions presented is the case of syringomyelia with arthropathy, given by Halstead and Dick. A detailed enumeration of the many other unusual cases would be superfluous. Suffice it to say that the physician can find in this issue more than the usual amount of important clinical points and ideas brought out in these Surgical Clinics.

A MANUAL OF CLINICAL DIAGNOSIS, by Means of Laboratory Methods, for Students, Hospital Physicians and Practitioners. By Charles E. Simon, B.A., M.D., Professor of Clinical Pathology and Physiological Chemistry in the University of Maryland Medical School and the College of Physicians and Surgeons, Baltimore. Ninth edition, enlarged and thoroughly revised. Illustrated with 207 engravings and 28 plates. Cloth, \$6.00. Lea & Febiger, Philadelphia and New York, 1918.

Simon's *Diagnosis* is too well known to need comment of any kind. One cannot speak of it in words other than those of the highest praise, and even that would be unnecessary as the work speaks for itself. A book that can boast of a ninth edition tells its own story. Its reputation must have been securely established, and its popularity must be not only tremendous but growing all the time. Such is really the case with this book. By revising it whenever necessary and thus keeping it fully up to date the author succeeds in enhancing the reputation his work has gained and in constantly increasing its popularity.

As he states, it is a textbook on laboratory diagnosis intended for the use of students, hospital physicians and practitioners. These groups of physicians will find in this new volume everything that there is to be known at present on the subject of clinical laboratory diagnosis, with a wealth of admirable illustrations that help considerably in the presentation and elucidation of the subject matter.

BLOOD TRANSFUSION, HEMORRHAGE, AND THE ANEMIAS. By Bertram M. Bernheim, A.B., M.D., F.A.C.S., Instructor in Clinical Surgery, Johns Hopkins University, Captain M. R. C., U. S. Army, etc. Cloth, \$4.00 net. Philadelphia and London, J. B. Lippincott Company, 1918.

The advance made in this special branch of surgical

practice during the past few years has been very striking, indeed, and in this progress the author of this work has played a most conspicuous part. It was but natural to expect of him sooner or later a book on the subject to which he has devoted so much of his earnest and sincere attention.

This volume is an outgrowth of the chapter on Blood Transfusion which he wrote in 1913 embodied in a monograph on *Surgery of the Vascular System*, published during that year. A revision and amplification of this earlier work became necessary because of the tremendous progress made since then. Indeed, so vast had the knowledge become that a new book dealing only with the subject of blood transfusion was deemed to be in order.

The author declares that he has aimed "to adhere to the practical side of the subject, both as regards discussions of indications and selection of transfusion methods." The book is intended for those engaged in the clinical application of this procedure, for those who want to know definitely what to do and how to do it. Such a purpose this new book fulfills admirably, as it gives just the information needed with that end in view. The illustrations, though few in number, and the many references to the literature pertaining to this subject, help to increase the value of the work very materially. The author may feel well repaid for his effort and labor in presenting such a work. He has given the profession a book for which there is a real need, and which ought to enjoy a wide general popularity.

HISTORY OF MEDICINE. Suggestions for Study and Bibliographic Data. By Fielding H. Garrison, A.B., M.D., Principal Assistant Librarian, Surgeon-General's Office, Washington, D. C. Second edition, revised and enlarged. Octavo of 905 pages, with many portraits. Cloth, \$6.50 net. W. B. Saunders Company, Philadelphia and London, 1917.

This work already is very well known to the great mass of the medical profession in this country, and to a large element of the profession all over the world. Probably no recent work has done more to add to the prestige of American medicine than this book on the history of medicine.

The first edition met, as was to be expected, by a reception which the author speaks of as "most kind." This new edition, revised and greatly enlarged, is presented "in compliance with the author's agreement with the publishers." It includes the discussion of many investigations which had previously been inaccessible, a detailed list of which would be entirely unnecessary and out of place here. The author is fortunate in having had the opportunity for securing and studying the vast amount of material bearing on the history of medicine which is relatively inaccessible to practically any other medical man.

He presents the history of the progress of medicine in chronological order, and by his singular cleverness in treating the subject in an original manner so different from what would be expected of a history, he holds the interest of the reader or student just as the fascinating narrator does. He brings out suggestions for study that are of inestimable benefit coming as they do from one so thoroughly acquainted with and so enthusiastic over his subject. The bibliographic data he presents adds to the value of the work to a degree that cannot be exaggerated.

The least that can be said is that a copy of this work should be in the library of everyone interested in the study or practice of medicine.

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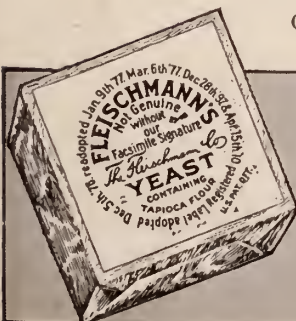
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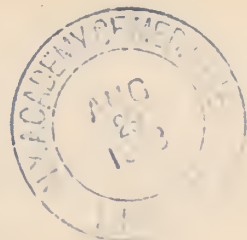
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NUMBER 8

ORIGINAL ARTICLES

OCCUPATIONAL NEUROSES

REPORT OF SEVEN CASES OF A NEW TYPE *

C. E. COTTINGHAM, M.D.
INDIANAPOLIS

Our modern social life with its multiplication of machinery and invention and the tendency to specialization with the constant performance of the same operation is producing a multitude of neuroses that are termed occupational neuroses.

Dana says that "with each new form of mechanical invention which calls for skilled manual labor some new occupational neurosis arises."

They are so numerous that to mention the occupations that produce them would comprise a long and tiresome list. Thompson in his work on occupational diseases gives the following list as producing neuroses: "Pressers and ironers, tailors, carpenters, cigarmakers, jewelers, barbers, seamstresses, sewing machine operators, stone cutters, elevator boys, paper box makers, lithographers, miniature painters, lathers, machinists, bookkeepers, stenographers and typewriters, clerks, surgeons, laryngologists, dentists, violinists, milkers, pianists, flute players, auctioneers, pavers, housewives, bookbinders, modelers, drummers and telegraphers."

A general classification of the symptoms includes: Pains, neuritis, anesthetics and numbness, cramps, parasthesias and acroparasthesia. These symptoms frequently exist in combination. Thus we have neuritis, muscular atrophy and sensory disturbances in the same case. Some are merely painful conditions in which the symptoms are entirely subjective and we must depend entirely upon the patient's state-

ment, as the physician can see nothing wrong objectively.

The most notable and best known example of these are writer's cramp, telegrapher's cramp, or paralysis, as it has been called, the glass arm of the baseball pitcher, etc.

Thompson says that it may be thoroughly estimated that 90 per cent. or more of the neuroses involve the nerves and muscles of the hand and arm.

The above list comprises the ones that produce neuroses by constant use of one group of muscles; in general this is of a pounding nature or constant vibration. We have other neuroses produced by poisons, as those among lead workers; phosphorus has been forbidden by law to be used in matches because of the evil effects it had upon matchmakers.

Several occupations have produced such ill effects that the attention of law makers has been called to them and the men protected by law from those who for the sake of gain compel men to continue the performance in the same manner of the same act continuously until it results in disastrous effects to the individual.

In general it may be said that there can be no cure for these neuroses so long as the men continue in the same occupation in the same manner as when the disease was produced. Most of them may be prevented if the workers will not work too long at the same thing, if he will have sufficient time for relaxation or if he will do two entirely different things and part of the time work at one and the remainder at something else employing an entirely different set of muscles. It is the monotonous repetition of the same action without relaxation or rest that produces the disease.

My attention has recently been called to a new disease that is becoming very prominent among stoneworkers that use the air or percussion hammers.

This disease has not been reported by any

* Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

medical authority and I can find no literature on the subject. In Indiana it is especially important because of our immense deposits of lime stone and because when freshly quarried this stone is especially easily cut and carved by the use of the air hammer. I have been informed that there are more than three hundred cases of this disease in Indiana. This being true, and if it is having the same disastrous effects on each of them than it has had on the seven cases examined by me, it has become a sociologic question and the state should take cognizance of this air-hammer disease.

I have made a study of the effects of this hammer in the seven cases examined. Three of them I saw only once. Four of them I saw on four or more different days and one I saw for several weeks.

I have necessarily had to depend entirely on my own observations and the evidence as given me by the patients examined. I have no reason to doubt a single statement made to me by any one of the patients. My own observations showed me objectively enough to warrant the statement that all these men state of the pain they suffer is true.

These men worked with the hammer in their hands for eight hours a day, five and one half days a week, for as many weeks as they could stand it. Many of them had worked for years.

They were all strong men physically, and had the appearance of men accustomed to hard work and men who were stoics and not afraid of fatigue or pain. They would not complain unless there was occasion for complaint, and I do not believe they exaggerated in any particular.

Briefly stated, the symptoms of the disease are as follows:

1. The first symptom of which they complained was the fact that their hands swelled soon after beginning the use of the hammer. Sometimes they swelled for five or six weeks. In one case the hands would swell every time he began using the hammer after a layoff. One reported a lump the size of a hen's egg that appeared on the back of the hand and remained for two or three years.

2. They all complained that their hands became white, on exposure to cold. This was a vasomotor change that is natural, although most people do not permit their hands to become cold enough to become white. In these men it is probable that the hands became white at a higher temperature than in most people. It is also probable that their hands are so benumbed

and rendered insensible to temperature changes that they are not conscious that their hands are cold until they become white.

3. They all complained that their hands were numb. This numbness was variously described. Some said that it seemed that their hands, especially their left hands, were dead; that they were not a part of them; that they could not tell they were there except when they looked at them. Especially was this true on cold days. One said he could put his hands in boiling water until the skin came off and not know it; another that his hand felt like it was in cold water all the time. They all said they frequently felt as if their hands were asleep; as if they had pins and needles sticking in them. Some said they felt this effect whenever they held their hand in one position for fifteen minutes. This numbness is a real thing and was proved to exist by my examination.

They lost the pain sense to a considerable extent because I would stick them with a sharp needle and they could not tell whether it was sharp or dull; even when I pressed until the needle penetrated the skin they were not conscious of it.

They had lost tactile sensation in their hands to a considerable extent. They could not tell when touched with cotton as when a fly crawls on their skin. They could not tell when they were touched or the location, even when slight pressure was used.

They had lost the temperature sense in the hands. They could not tell hot from cold when I would use the test tubes, one filled with almost boiling water, the other with ice water.

The lack of pain sense in their hands was especially shown in their tolerance of electricity. They did not show the reaction of degeneration. They did not react at all, either to the galvanic or Faradic current until so strong current was used that I feared it might be dangerous to make further tests. With one electrode in one hand and the other in the other, they could all tolerate 90 volts, using the combined galvanic and Faradic currents, and apparently show no evidence of pain. When the electrode was passed up to their wrists on one hand, they would immediately show evidence of a normal condition and be unable to tolerate such a current for an instant. When I would measure the amount of current passed, I would find quite a difference in conductivity between their hands and their wrists. Thus when the current was passing through from the electrode in one hand to the electrode in the other hand with 80 to 90 volts, there would only be from 8 to 12 milliamperes measured on the meter. If one electrode was passed up to the wrist, there would immediately

be registered from 20 to 25 milliamperes as passing. This difference is not present in the normal man. It may be interesting to note that I am unable to tolerate more than 50 volts from the same wall plate administered in the same manner without suffering acute pain. Yet these men tolerated 90 volts without apparently feeling it, and I was unwilling to test their endurance further, and so did not find out their limit.

4. They all complained more or less of pain. Some said they did not have pain while working, but suffered for several hours after working. One or two would suffer nearly all night. The pains were generally confined to hands and arms, especially the left hand and arm. One or two could not raise their arms without pain to the level of their shoulders. Some had pain in their neck. Others described various pains in their sides, back and calves of legs. Some had the pain while working. I think all said they suffered pain while working when they had to hold the machine in a certain position for a long time, as when they were cleaning a flat surface or when "straight tooling."

They all said they had pain when their hands were cold. One said he did not have pain except when his hands were cold, and then only while he is "warming up." Incidentally he remarked that he had fainted two weeks ago because of the pain while he was "warming up;" a big, strong man who denies he has pain except when he is "warming up" does not faint from pain unless that pain is severe.

5. Five of the cases said they could not sleep well while working with the air hammer. Two had quit work on account of the doctor's orders. Some said they could not sleep more than two or three hours. Some lost weight, from 20 to 50 pounds, while using the hammer.

6. I took the blood pressure of all examined. In only two was it higher than normal. One I had a chance to observe for several weeks. I took his blood pressure weekly for three weeks while he was working and found his systolic pressure ranged from 150 to 157, diastolic 100.

The last time he had not used the hammer for several days and his blood pressure was 140 systolic, 100 diastolic. This was in a man of 50 years.

7. These men were not the kind of men you would describe as "nervous." In three of the cases the general nervous system did not seem to be affected. But in the other four there was a profound effect as shown by loss of sleep, loss of weight, worry, fear of loss of mind or health and increased blood pressure. Such effects as will come to any one who suffers a continuous, nagging pain for a long time. They

reported that one patient had become insane and died in a short time, and that this man had been warned by his doctor that he must quit his work or he would go insane. Two of the patients had the fear that the same fate would befall them.

In no case, in my estimation, would there be any improvement while working. How much improvement could occur if they stopped work with the hammer is problematical. The patients examined in my estimate can never become normal again, although they may improve enough so that they will not suffer pain and may be fairly comfortable, although I do not believe their hands can ever regain their sensibility. These men state that when they work a short time each day with the hammer and the rest of the time with the chisel, in the old way, they can get long fairly comfortably.

In other words variety of occupation will not produce the sad effects as evidenced in their cases. How much of the air-hammer work they can stand without ill effects will unquestionably vary in each case and could only be determined by experimentation.

But these men are irreparably damaged, and any one who observes this hammer, in its rapid, violent vibration, must realize that no man can hold it firmly in his hands frequently in a strained position for eight hours a day, five and one half days a week, week after week and year after year, without its producing evil effects.

The effects may be confined to the hands in some cases and only evidenced by pain, numbness and local effects. In other cases, it will affect their nervous system generally and they will become neurotics, neurasthenics and in some cases insane.

I do not believe any one can use it, working with it continuously, without ill effects in some way, and in a certain not small percentage it must necessarily produce the most profound effect. I believe the use of it should be limited and controlled by the law.

CASE REPORTS

CASE 1.—E. G., Bloomington, Ind., age 38, white, American by birth, married, one child living and healthy. Family history negative. Previous history: Has always been well until last few years. Has been a stonemason twenty-one years. Used the hammer eight years. Present condition, patient's statement: Is well except in hands, arms and neck. Left leg is affected and seems numb. Left arm and hand seem dead. "Goes to sleep" when left fifteen minutes in one position. Is much worse in cold weather. Three fingers on right hand are affected the same way; all on the left hand seem dead. Can put hand in boiling water until skin

is off without feeling it. Pains when cold. Pains in neck at times, attack lasts about two weeks when he cannot move his head without intense pain. Pain is in the region of seventh cervical vertebra.

Physical examination: Strong, well muscled, well nourished individual of average height and weight; physically normal. Neurological examination: Normal except diminished sensibility to tactile, temperature and pain sense in hands, worse in left hand. Claims he has pain in middle third left upper arm. Cannot raise arm squarely above level of shoulder. Blood pressure systolic 140, diastolic 80. Electrical conduction: Using 75 volts, there was a difference of conductivity between fingers and hand and on wrist; fingers and hands 8-10 milliamperes, wrist 16 milliamperes. Feb. 22, blood pressure right arm 157-100, left arm 140-100. Electrical conductivity: Ninety volts used; electrodes in back of hand, 6 to 10 milliamperes on fingers and hands, 20 milliamperes on wrist; both hands the same. Feb. 23, blood pressure, both arms, 160-105. Electrical conductivity, both hands 8-10 milliamperes; 80 volts used, wrist 16 milliamperes. This man in order to show the effect of cold held his hand in ice water until it would seem that it would freeze and yet apparently did not feel the cold as an ordinary man would feel it.

CASE 2.—J. K., Bloomington, Ind., aged 23, white, nativity American, married nine months. Family history negative. Previous history negative, never sick. Patient stated had worked at trade nine years, six years with the hammer, but never more than one year at a time. Would stop because of doctor's orders. When he first began using the hammer a large bump on back of the hand appeared, as large as an egg, which lasted for two or three years; no evidence of this at this time. The fingers and outer half of hand is numb and dead on left hand; the thumb and first finger on right hand have same feeling.

Has pain in the elbows and shoulders all the time while he works. This pain continues working and resting while he is using the hammer. Has a pain and numbness in neck and pain in base of left hip. Arm hurts so badly he cannot raise it. Has not worked for two months. Arm still hurts and hand is still numb. Awakes at night with hands and arms numb and "asleep" every night.

Has peculiar spots on body which go away when he works at other work. Has three times been told to quit work to save his life. Loses weight from 140 to 120 pounds when he works. Always has a pain below ribs when raising hammer. Calf of legs and knees hurt when he works. Can hardly drag home, he is so tired at night. Has worked five months in past year. Farms between times. Still has the numbness but not so much pain.

Physical examination reveals nothing wrong, slight, well muscled physique, about 140 pounds

weight. Neurological examination negative except the deep tendon reflexes on left side diminished, and the numbness in hands. Has diminished sensation to pain, tactile and temperature sense on hands, especially the left hand. Electrical conductivity: Ninety volts were used and apparently not felt in hands; very painful on wrists; 6 to 10 milliamperes were measured as passing through the hands, 20 to 25 milliamperes when the electrode was on one wrist. This condition was confirmed on four successive days of observation.

CASE 3.—T. K., Bedford, Ind., male, white, married, German. Family history negative, no children. Previous history negative, never sick. Present condition, patient's statement: Has worked six years with the air hammer. Works seven months each year, eight hours a day, five and one-half days a week. Has pain in left arm, runs up the arm to shoulder, has a feeling of pins and needles in hands and arms. Fingers get white and cold. Pain is worse at night, hurts for three to five hours after work stops. Hands are numb and like dead in morning. Has numbness and changed sensation down left side, "pins and needles" in left foot. Very nervous and restless each evening. Has a precordial pain and thinks this is from pushing the tool.

Claims his hands swelled for four or five weeks after he began working and swell for a week or two when he first works after a lay-off. Pain is so severe he gets sick. When he lays off for five months it don't hurt all the time but is always numb. Pain is not felt when he works but begins when he quits in the evening. Hands feel like he has velvet on them, when he touches anything. Hands feel like they don't belong to him but are a thing separate from his body. Pain begins when he quits work continues till he goes to sleep, then in morning feels numb. Has to put hands and arms in all positions to sleep, can only keep them in one position for about fifteen minutes when they pain him so much he must change the position until at last he sleeps from exhaustion.

The only time he has pain when he is working is when he is cleaning a surface, and holds his arm in a strained position for a long time. Then his arms pain and ache. At times when he is cleaning a hard surface he feels it up in his head like his scalp was loose. He has to grit his teeth at work.

Physical examination, strong, well nourished, hard muscled man, physically apparently perfect. Neurological examination negative except diminished sensation in left hand to pain, temperature and tactile sense. Electrical conductivity much reduced in hands much less in the left hand; 90 volts were used, on the left hand and fingers 8 to 10 milliamperes were measured as passing the hand and fingers, on the wrist 20 milliamperes passed. Right hand 11 to 12

passed on the hand and fingers, 25 milliamperes on the wrist. This patient was carefully examined for four successive days and the observations confirmed by repeated examinations.

CASE 4.—W. Z. S., Bedford, Ind., aged 43, white, male, married, native of England. Family history negative. Has one child in good health, previous history is partially deaf from an injury, otherwise always well. Has worked twenty-five years at his trade and two years with the air hammer.

Patient's statement: His left arm, hands and fingers feel like they were in cold water, feel numb and dead. It seems that his hand does not belong to him, he don't know it is there except when he looks at it. Pains when cold as if frostbitten. His sleep is not disturbed. His hand swells and pains when he is cleaning and using tool on flat surfaces. Pains when he is "straight tooling." Feels worse at night; when hands are cold he can't pick up anything without looking at it, hands have no "feeling."

Physical examination negative, a strong, well nourished hard muscled man. Neurological examination negative except diminished sensibility to be tactile, temperature and pain sense in left hand; with 80 volts, no sense of pain was experienced in the hands but it was exceedingly painful on the wrists and elsewhere over the body. This patient was examined but once.

CASE 5.—E. P., Elliottsville, Ind., aged 51, male, white, married, native of Indiana. Family history, had one brother who had epilepsy and one sister that died of paralysis at 53. Has four children, all healthy.

Patient's statement: Previous history negative. Has worked at trade, thirty-two years when he began working with the air hammer, his hand and fingers got so he could not pick up a pencil. He was so awkward he could scarcely use them. After six weeks he could not work regularly. Has worked about one year altogether with many intervals. It makes the hand swell at first. Hand is numb and asleep. Has not worked with hammer since September, 1916. This examination was Feb. 20, 1917, hand is still numb. Has quit work by advice of his physician, says he was a nervous wreck. Lost weight from 180 to 155 lbs. He could not sleep at night and felt as if his eyes were "pushed out," would walk all night at this time, could not work more than half a day at a time.

Physical examination negative, a well nourished, hard muscled man. Neurological examination negative except in left arm and hand. Here there was diminished sensibility to tactile, pain and temperature sense. The sense of pain to strong electric currents was much diminished, but my notes do not show that I measured the electrical conductivity in this case.

In this case the local conditions were not

so apparent as in the other cases, but the general nervous condition was much worse. Possibly because of a distinct heredity he was made so nervous from loss of sleep and general nervous irritability that had he continued to work with the hammer it is probable that he would either have become insane or a victim of complete nervous prostration.

CASE 6.—M. F., Indianapolis, Ind., aged 47, male, white, married, American. Family history negative, has six children all well and healthy. Previous history, no serious illness except typhoid fever four years ago. Worked at trade thirty-three years, with hammer sixteen years. Seven years steady work in that time, has not been working for past three weeks.

Patient's statement: His left hand is numb, especially in cold or damp days. Hand gets white when cold. He has no other trouble except in left hand and arm. These hurt when cold, especially when "warming up," although he said in a matter of fact way that his hands pained him when "warming up;" he also said that he fainted one week ago when his hands were "warming up." This fact shows the degree of pain he suffered, as a man does not faint from pain unless the pain is considerable.

He states his hands always pain him when working on a cold day, but do not pain him at other times. His work does not effect his sleeping. Physical examination negative, a strong well muscled man. Neurological examination normal except in hand. There was numbness and diminished sensibility to pain, temperature and tactile sense. There was no response to electricity and no evidence of sensation until 65 volts were used. The comparative conductivity was not measured in this case as I only had one opportunity to make an examination. Here was a man of iron nerves and strong disposition. If he could not work with the air hammer it would be useless for any one to try.

CASE 8.—A. S., Indianapolis, Ind., aged 50, male, white, married, American. Family history negative; has four children, all healthy. Previous history negative, has worked at trade thirty-three years and with the air hammer three and one-half years.

Patient's statement: His arms and hands are numb and pain him severely at times. Has lost 30 lbs. since he began using the hammer. The pains began after 5 or 6 months of use and affects the arms, hands, stomach (has frequent cramping), and has burning urination; cannot sleep when he works. Averages three or four hours at night for the past six weeks, is exceedingly nervous, restless and irritable. Has had to quit work and go home on account of indigestion, vomiting, etc. The last attack of this character was three months ago but has had frequent attacks.

Physical examination normal except the blood pressure, which was systolic 157, diastolic 100.

Neurological examination negative except diminished sensibility to pain, tactile and temperature sense on left hand. Electrical reaction: No sense of pain on hands when 80 volts were used, but marked pains when the electrodes were passed up to the wrist. On the left hand 12-16 millianperes were measured while the same voltage gave 25 on the wrist. On the right hand the difference was 18-20 to 25 millianperes. He was examined successively once a week for several weeks. There was no difference in the examination except in the blood pressure.

February 21: His blood pressure was 157 systolic, 100 diastolic.

February 24: His blood pressure was 150 systolic, 100 diastolic.

March 3: His blood pressure was 150 systolic, 100 diastolic.

March 10: His blood pressure was 140 systolic, 100 diastolic.

During the first three weeks he was using the hammer and was not sleeping more than two or three hours at night and his blood pressure was too high. On the last examination he was not using the hammer and was sleeping about six hours and his blood pressure was normal. This man will become an old man before his years if he continues to use the hammer.

REPORT AND DISCUSSION OF A CASE
SIMULATING BRAIN ABSCESS OF
UPPER MOTOR ZONE OCCUR-
RING AS A SEQUEL TO
PNEUMONIA: OPERA-
TION: DEATH:
AUTOPSY

G. W. McCASKEY, M.D.

Professor of Medicine, Indiana University School of Medicine
FORT WAYNE

The motor disturbances of gross brain lesions have been depended upon so fully as localizing phenomena that the following case, in which they apparently completely failed or were misinterpreted, seems to be of sufficient importance to justify placing it on record.

F. A., male, age 42, referred by Dr. McKinney of Bluffton, Ind., entered the Lutheran Hospital April 20, 1917, with the following history:

The family history was uneventful, one brother having died of Bright's disease and the father from apoplexy at 60.

The patient's health, previous to the present illness, had been good, there being no history of any severe illness of any sort. It developed later that there was a history of occasional slight cardiac arrhythmia in the form of "dropped beats" (probably extrasystoles) for several years.

About six weeks prior to entering the hospital the patient had what was clinically a rather severe lobar pneumonia with temperature ranging up to 104. During this attack this chronic occasional irregularity of the heart was somewhat more noticeable. There was considerable expectoration of the usual pneumonic type, and recovery occurred by lysis, the fever lasting about four weeks.

About the time that the patient became afebrile and was considered safely convalescent, he began to have pain in the orbital region on both sides, especially severe in the eyeballs and very shortly thereafter impairment of vision which gradually increased up to the time of my examination when he was almost completely blind. The only additional symptom revealed upon a complete examination was very slight motor weakness of the right lower extremity. He was able to walk but his gait was very awkward and staggering.

There had been no fever for ten days and both temperature and pulse were normal at that time and remained so for several days more. His mentality was remarkably clear and remained so until within a few days of his death, which occurred four weeks after entering the hospital and about three weeks after a craniectomy to be later described. The deep reflexes were normally active on the left side and greatly exaggerated on the right. There was ankle clonus on the right side, but not on the left and no Babinski on either side. There were no sensory disturbances at any time. The pupils were widely dilated and entirely irresponsible to light. Both optic disks were swollen to the extent of about 4 or 5 diopters and vision reduced to bare perception of form. These findings were corroborated by an oculist, Dr. K. K. Wheelock. Physical examination of both chest and abdomen was entirely negative, except for a slight residual bronchial irritation from the pneumonia. Later an occasional extrasystole was observed. Blood examination showed: hemoglobin, 70 per cent.; red blood cells, 4,800,000; white blood cells, 16,000; differential: polymorphonuclears, 76 per cent.; small lymphocytes, 12 per cent.; large lymphocytes, 6 per cent.; transitionals, 6 per cent. The complement fixation tests, both Wassermann and Neisser, were entirely negative. Spinal fluid was found under normal or slightly increased tension and perfectly clear. It contained four cells per cubic millimeter, with no globulin demonstrable by the ammonium sulphate test. Both the Wassermann and the Lange gold chlorid test were absolutely negative. There was a small amount of sputum

which was found to be very nearly a pure culture of pneumococci and streptococci. Bouillon blood culture was negative. The urine showed specific gravity 1.008 to 1.020 on different occasions; albumin and sugar always negative. Phenolsulphonephthalein 50 per cent. in two hours.

During the first week of hospital observation but little change took place in the patient's condition, temperature and pulse remaining perfectly normal. There was perhaps a very slight increase in the motor weakness of the right leg. In a few days it was discovered that he could not move the right toe, and this was the beginning of a progressively increasing monoplegia which involved next the foot, then the leg, finally the thigh until in about a week after entering hospital the entire limb was completely paralyzed. There was no other definite paralysis. There was a very transient motor weakness of the right hand lasting one or two days which then entirely disappeared. This occurred at about the same time as the paralysis of the great toe. There was possibly a slight immobilization of the right angle of the mouth at the same time, but this even seemed doubtful. There was no aphasia at any time.

At this time, eight days after admission to the hospital, it seemed that there was a progressive lesion of the motor area and the evidence appeared to be in favor of a brain abscess, although it was realized that the general clinical picture did not strongly support this conclusion or at the most pointed to a very small accumulation of pus. The possible lesions appeared to be (1) an infection secondary to the pneumonia; (2) brain syphilis; (3) a vascular lesion; (4) a rapidly growing neoplasm; (5) a localized cerebral edema. In favor of the brain abscess was the preexistence and coexistence of the pulmonary infection with two of the most common pyogenic organisms. Metastatic involvement of the brain under such circumstances would be a very plausible event. The leukocytosis, while of course readily explained by the antecedent infection, was still sufficiently high to justify the assumption of a fresh invasion, and taken in connection with the syndrome, pointed to brain abscess. The absence of fever and pulse acceleration has not infrequently been observed in brain abscess and besides was quite as compatible with this as it was with the pulmonary infection, some remnant of which was known to exist.

Brain syphilis was excluded so far as possible by a negative blood Wassermann and a spinal fluid which was normal in every respect.

These examinations were repeated several times. While relatively unimportant, a history of venereal disease was denied. In regard to a vascular lesion, the only thing pointing especially in that direction was the cardiac arrhythmia, while against it we had a normal blood pressure and normal kidneys as shown by both the routine tests and the phenolsulphonephthalein output. The possibility of the remarkable coincidence of a rapidly growing sarcoma with the defervescent stage of a pneumonia has to be admitted, but seemed to be too remote for serious consideration. The same thing may also be said of the localized edema which it was not reasonable to suppose could be sufficiently intense and prolonged as well as progressive and sharply defined to produce the paralysis shown in the case.

Inasmuch as the patient was growing steadily worse, and a fatal issue seemed not very far away, we decided to expose the brain in the region of the motor centers probably involved and the operation was performed by Dr. H. A. Duemling on April 28, 1917. A good sized opening was made in the cranium over the upper end of the Rolandic area, as close as possible to the longitudinal sinus with a view of exploring the entire area under suspicion. Upon uncovering the brain it was found to be practically normal in appearance, possibly slightly hyperemic, pulsating normally and without any great increase in tension. Feeling confident that we would find some sort of gross lesion, even if pus was not discovered, the surgeon, at my request, explored freely and widely with entirely negative results. Following the operation, the patient had a transient complete hemiplegia, right sided, due in part to operative traumatism, but in the face and upper extremity this began to improve in a few days and practically disappeared, leaving the lower extremity completely paralyzed, as before.

The patient's general condition improved slightly, and within a week following the operation vision returned to such an extent that the patient could recognize persons in the room. Light perception was entirely gone just before the operation. There was no improvement at any time of the paralysis of the right lower extremity. The head pain became much better, and for a time the outlook was rather encouraging. An additional post-operative motor phenomenon was occasional spasmodic contraction of the muscles of the paralyzed limb, which would involuntarily flex the thigh upon the abdomen and the leg upon the thigh. After about a week of apparent improvement, and without obvious cause, the patient's mentality

became slightly and increasingly obtuse, the pulse rate increased, the very slight fever which had been present for some days gradually increased, the leukocyte picture fluctuating from 12 to 16,000 with about the same differential count above noted and the patient passed into coma with a terminal hyperpyrexia of 105 and died in this condition.

The autopsy was made, in my presence, by Dr. Grandy assisted by Drs. McKinney and Grant. The general appearance of the brain was entirely normal with the exception of a few patches of chronic pachymeningitis in the upper part of the motor zone, but not associated with evidences of active vascular disturbances in the same area. The brain was carefully sectioned throughout in perhaps half-inch slices, special attention being given to the motor cortex and the converging fibers passing down into the internal capsule. Nothing else whatever could be found macroscopically. Portions of the cortex and subcortical tissue from the suspected area were removed and examined by the pathologist, Dr. M. S. Grant, who reported the "tissue normal with the exception of small areas of hemorrhage of microscopical size surrounded by round cell infiltration."

COMMENT

A careful review of this case does not appear to me to offer any solution which would satisfactorily harmonize history, symptomatology and known pathology. It is perhaps to be regretted that the spinal cord was not examined, inasmuch as the spastic movements of the limb might suggest the involvement of one crossed pyramidal tract. The choked disk, the complete blindness, and the improvement of vision obviously resulting from the decompressing effect of the operation, together with the head pain certainly pointed strongly, if not conclusively, to a gross brain lesion; and the spastic motor phenomena above referred to could just as well result from irritation of the subcortical motor tracts in the brain, as of these same tracts after convergence in the spinal cord. Were it not for the choked disk and associated phenomena, one might think of a very small lesion in the left internal capsule or contiguous basal ganglia. Such a lesion could not, of course, produce the widespread cerebral disturbance indicated above without being large enough to involve the greater part or all of the conducting fibers, which would of course have resulted in a complete hemiplegia with aphasia (the patient was right handed) and very probably hemianesthesia. There was never the slightest suggestion of disturbance in speech or common sen-

sation. In addition a very careful macroscopical study of this part of the brain by thin sections made at the time of the autopsy did not reveal pathology of any sort.

It is difficult to explain the transient motor weakness, which was doubtful in the face, but perfectly definite in the arm, by any of the pathological findings, either microscopical or macroscopical. These would of course be best explained by a small lesion low down in the motor tract, but so far as we could determine, this did not exist.

We are forced to fall back in our conjectures upon two rather small findings, one being the areas of chronic pachymeningitis above referred to, and the other the minute microscopical hemorrhages in the cortex reported by the pathologist. While it does not seem plausible that these minute hemorrhages could produce the monoplegia, yet there seems nothing else in sight any more plausible. They certainly do not rise to the dignity of a hemorrhagic encephalitis, and if they constitute the essential pathology of this case they must be regarded, I think, as an expression of vascular disease involving the minute vessels and possibly resulting from an infection; and it may be associated with a degree of general cerebral edema not readily recognizable at the autopsy, but still sufficient to cause the choked disk and head pain. Such an assumption would explain perfectly the partial restoration of vision as a result of decompression following the operation.

We still have left for speculation the ultimate pathology of these lesions. At first sight the combination of chronic pachymeningitis and minute vascular lesions would suggest syphilis. As a matter of fact several negative blood Wassermanns and a perfectly normal spinal fluid do not absolutely exclude it. It is well known that in the so-called interstitial brain lesions of syphilis as distinguished from the parenchymatous changes for instance characteristic of general paresis, and to which such a case would undoubtedly belong, the perineural lymphatic spaces may not be involved and the spinal fluid might therefore remain perfectly normal. Unfortunately, the sections were not stained for the demonstration of spirochaeta pallida. The only alternative pathology would seem to be that of a widespread vascular disease possibly accentuated in the brain, the hemorrhagic lesions being precipitated by the toxins associated with the pneumonic infection. Somewhat in favor of this view is the evidence of cardiac disturbance. This does not, however, seem to explain the pachymeningitis.

The bearing of such a case upon the surgical

exploration of the brain seems perfectly obvious. If the syndrome of a monoplegia beginning with the great toe and involving the entire limb with choked disk and gradual impairment of vision to total blindness, with tolerably severe headache, does not point to a gross lesion either of the motor center of the involved area or of the subcortical tract, then our diagnostic grounds need revision. If a subsiding acute infection of the lungs with a definite leukocytosis and a demonstration of streptococci and pneumococci in the sputum does not point toward the pyogenic character of this lesion, the same thing is also true. It is true that some of the aspects of this case were a little conflicting, especially the sense of well being presented by the patient, who did not seem to be seriously ill in spite of the grave character of the symptoms. A paralysis sharply limited to the great toe could scarcely be due to anything else than a cortical or subcortical lesion, while the progressive character of the symptoms until the entire limb was involved and complete blindness ensued, partially relieved by decompression, certainly pointed to considerable increase of intracranial tension, probably due to a gross lesion. It was discouraging that this could not be demonstrated by the surgeon, but it was still more discouraging that very carefully made macroscopic sections did not reveal more than above indicated, and that a careful microscopic examination by an experienced pathologist of that portion of the brain under suspicion failed to offer any very satisfactory explanation of the symptoms presented by the patient.

The symptoms seem so convincing that incredulity as to the complete absence of gross changes would seem justifiable. I can only say that two experienced pathologists participated in the autopsy, one of them making the sections later, and that Dr. McKinney and myself carefully examined the general appearance of a cut surface of each section.

OCULAR DISEASES DUE TO FOCI OF INFECTION ADJACENT TO OR REMOTE FROM EYE *

S. A. SHOEMAKER, M.D.
BLUFFTON, IND.

It is not the purpose of this paper to add anything to present day knowledge, but simply to review a portion of the literature and to point out our duty as oculists in disseminating

knowledge among the profession, our patients, and the public concerning the etiology of a large number, perhaps the majority, of eye diseases.

The association of ocular diseases with adjacent or remote foci of infection has received much deserved attention in recent years. Among the able investigators and generous contributors to this line of thought we gratefully recognize Rosenow, Billings, Irons, Brown, Nadler, and a number of others. They open their scholarly article on the "Localization of Streptococci in the Eye" with the following paragraph:

"The tendency of organisms to invade special tissues of the body is one of the fundamental facts in the etiology and pathology of diseases. In the case of some organisms this tendency is the rule, so that the meningococcus usually localizes in the meninges, the pneumococcus in the lung, the gonococcus in joints and tendon sheaths, though at the onset each is present in the blood stream. Other common pathogenic bacteria, such as the streptococcus, show a more diverse and less constant localization. Organisms long resident in some focus in the body, such as the tonsils, may spontaneously and suddenly invade other tissues, and set up new processes which present clinical pictures entirely different from those produced before." The injection of organisms from guinea-pigs, rabbits, and dogs afflicted with internal or external eye lesions, such as iridocyclitis or conjunctivitis, localized in the new host as eye metastases; but these results were not uniform or constant.

Stock, Rosenow, and others have produced iridocyclitis in animals by intravenous injection of bacteria. We cannot believe that the localization of streptococci in the uveal tract of so many of Dr. Rosenow's rabbits was entirely accidental. The broad range of his experiments and that of other investigators leads us to expect bacterial emboli in the vessels of the eyes in a certain proportion of animals into whose veins large amounts of organisms are injected. Nor did the eyes alone suffer, for in a number of these animals lesions were found also in other organs.

Of forty-eight animals showing eye lesions, twenty-eight showed arthritis, five hemorrhage in the appendix, eight ulcer of the stomach, ten lesions of the endocardium, eight of the pericardium, nineteen of the muscles and fascia, and twelve of the kidneys, indicating a widespread bacterial invasion.

Four rabbits were injected intravenously with pure cultures of the hemolytic streptococcus obtained from the acutely inflamed tear sac, three of which rabbits developed iritis. Four

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of these rabbits showed clinical and anatomic suppurative iridocyclitis; in Rabbit 4 the lesion did not reach the suppurative stage before the death of the animal. The streptococcus was found inside all the affected eyes but not in the fellow eye.

The mode of election by bacteria for special organs and tissues is not definitely proved, though many interesting observations have been made: It would appear that the scant blood supply and low oxygen content of such tissues as the iris, joints, or tendinous portions of the muscles, offer special vulnerability to the infecting bacteria.

More commonly these foci of infection are found to be the cripts of the tonsils and adenoids, and dental abscesses, but we should not fail to look also to the nasal exsory sinuses, lacrimal sac, lesions in the lung or bronchi, appendix, duodenal or gastric ulcer, portions of retained placenta, fallopian tube, seminal vesicles, prostate gland, gallbladder, an old rheumatic joint, etc., as fruitful sources of supply for pathogenic bacteria. The infecting organisms may reside quiescent in these rendezvous for a long time and suddenly take on an active form, with or without any local disturbance, spread to some other part, perhaps electing the eye as a seat of action.

Billings believes the gonococcus may reside quiescent in the seminal vesicles as a focus for years, and then sally forth on its mischievous errand.

The tonsil cript and the alveolar abscess infected by the streptococcus and pneumococcus serves as a culture tube and culture medium in which to propagate bacteria which may localize in the eye or elsewhere. They may attack the lungs, producing pneumonia. They may attack the heart, joints, or muscles, producing endocarditis, or myositis, which is often seen after chronic or acute tonsillitis. If the infecting organisms are of high virulence, a serious state may be precipitated, even a fatal issue.

If the eye should be elected as the site of infection, we might expect an iritis, corneal ulcer, iridokeratitis, iridocyclitis, retinal hemorrhage, edema of the optic nerve, retrobulbar neuritis, or even a panophthalmitis.

In 1914 Rosenow pointed out that streptococci from rheumatism, arthritis, and myositis, when injected intravenously into animals, are prone to lodge in the capillaries of the iris producing iritis and other ocular lesions. A year later he reported a series of experiments which indicated that iritis and certain other lesions of the eye generally thought to be toxic may be

infectious in nature. In a series of experiments in which animals were injected intravenously, under uniform conditions, with streptococci from rheumatism, appendicitis, ulcer of the stomach, cholecystitis, herpes zoster, parotitis, and pyorrhea, also from tonsils and dairy products, eye lesions were produced in forty-eight animals classified as follows: unilateral panophthalmia in five instances; hemorrhage in the limbus with or without episcleritis, fourteen instances; iritis or iridocyclitis, nine instances; conjunctivitis (usually bilateral), 10 instances; ulcer of the cornea observed only once; total forty-eight.

His experiments on animals show that intravenous injection of streptococci localized also as nerve lesions, blood vessel lesions and pulp lesions. Could not this account for the numerous cases of optic neuritis or myositis of the external muscles, producing temporary paralysis, retinal hemorrhage with or without detachment, and numerous other eye ailments, many of which produce unaccounted-for blindness?

In a series of 100 cases of iritis, studied by Dr. Brown, he found alveolar abscess and other infections in 36 per cent. of forty-seven patients, and 45 per cent. of fifty-three dispensary patients, and says there seems to be no question that in many cases alveolar abscesses are the source from which infecting organisms pass into the blood and produce lesions in the joints, eyes, nerves, and other structures of the body.

Levy and Stinebuglar have tabulated fifty-seven cases of ocular lesions due to primary foci as follows: chronic iridocyclitis, nine cases; acute iritis, seven; detachment of the retina, five; episcleritis, two; choroiditis, ten; iridochoroiditis, two; acute iridocyclitis, five; vesicular keratitis, one; kerato-iritis, two; postoperative iritis, three; cyclitis, one; corneal ulcer, two; retrobulbar neuritis, one; retinal hemorrhage, one; chorioretinitis (non specific), one; neuroparalytic keratitis, one; dendritic keratitis, two; sclerosing keratitis, one; total fifty-seven. This shows a wide distribution among various forms of ocular diseases.

Dr. Fred P. Gay, Berkeley, Calif., has made a classification of diseases as to their infectious or noninfectious etiology. He finds there are 369 distinct disease entities and 144, or 39 per cent., of these were recognized to be due to infectious agents alone. Another thirty are, at least in part, infectious in origin; fourteen more are probably of similar nature. The total of the infectious diseases is 52 per cent. He also finds that 40 per cent. of all deaths were directly or indirectly from infectious cause.

Now if 52 per cent. of diseases, including

those of the general system, and 40 per cent. of all deaths are caused by infection, it would be logical to infer that of the patients entering our offices daily for relief from eye lesions, vastly more than 52 per cent. are of infectious origin and perhaps many of them incubated in some removable focus.

CASE REPORT

E. P., a girl 7 years old, facial appearance suggested being well nourished, but body and extremities more thin. An accurate family history could not be obtained, owing to the indifference of the parents, though they were people of average intelligence, or better, but they were negligent, not taking enough interest to accompany the child to the office for treatment, but sent her with another child of the family, who was but little older. All I could learn was from observation, except that she had scarlet fever eight months before. Some of the older children suggested, from appearance, the strumous diathesis. The father was a printer. I had treated a brother, two years older than this girl, for ocular troubles, though of a different nature, but probably with same etiology.

She was brought by a small brother who said: "Sister took cold in her eye and now she can't see." Examination revealed an iridocyclitis in the left eye, well pronounced, with a keratitis supervening. Her eye had been sore five days before she came. The iris was fixed, had a slimy greenish exudate on the surface, pericorneal injection well marked, photophobia and lacrimation prominent symptoms. She could scarcely bear to have her eye opened sufficiently to admit of proper examination. Pain was slight. Right vision= $20/25+$. Left vision=fingers at six inches. The low vision must have been due to the exudate in the media for the cornea at this time was not yet sufficiently opaque to cause it. Had large tonsils and adenoids, moist discharge about the nose, and sniffled as though she had a cold. Tonsils indicated some bacterial activity. The small amount of pain in this case was probably one feature that encouraged the indifference and neglect on the part of the parents.

The cornea became more opaque, passing from steaminess to a dense opacity as gray as ashes, over nearly its entire surface, and the vision practically zero. I sent for the child's parents to accompany her to my office that I might explain her condition. Twelve days after the girl's first visit, her mother came with her. I called attention to the serious condition of the eye, danger to her other eye, probably caused by a germ hatchery somewhere in her system, perhaps in the tonsils and adenoids. This case occurred before the publications of the past few years on the subject of focal infections appeared, and I did not press the claim

for surgical relief as strongly as I have since. My suggestion of surgical procedures was declined on the ground that her throat never hurt her. The von Pirquet test for tuberculosis showed negative. The usual treatment for such a condition together with systemic and roborant treatment was exhibited. In thirty-five days the eye had fairly cleared up, the vision returned, the case dismissed.

Six days later she returned with a "cold" in the right eye, which proved to be a keratoiritis. Cornea steamy, part of it opaque, conjunctival injection. The tonsils and adenoids appeared to be now in a more active state of infection, though no systemic symptoms were complained of. The case proved stubborn. The cornea became densely opaque, pupil scarcely responded to atropin sulphate. The treatment and management similar to the preceding case in the left eye. Vision reduced to zero when the plastic exudate and corneal opacity reached their zenith. This case cleared up earlier than the other, however, and in thirty-one days was sufficiently improved with return of vision to justify dismissal.

Two weeks later, left eye was attacked again by a "cold" about the same as before. This being the second attack for the left eye and having had one attack in the right eye, made the third case in this patient within four months. I protested that her trouble was more than a "cold," but her parents still rejected surgical procedures. Treatment and management similar to former two cases. This attack, number two in the left eye, was more intractable than either of the former cases, ran forty-two days, almost cleared up, vision returned in a fair measure, patient was dismissed.

Three weeks later patient was brought in again by her little brother and I was confronted with case number two in the right eye, making four cases of serious eye lesions in this patient. I immediately sent for the child's parents and advised them that their daughter was a strong candidate for the blind asylum if this program were continued, and I purposed to permit her to go blind in somebody's else hands. I refused to continue in the case unless they would consent to the removal of what I believed to be the cause of her trouble, as I felt these were metastatic eye lesions due to some poison factory in the child, and suspicion pointed to her tonsils and the adenoids.

Seeing that I was thoroughly disgusted with temporizing, they consented to the tonsillectomy and adenotomy, which I did as soon as improvement in the eye was observed. I hesitated to operate before the vehemence of the symptoms was passed, fearing that the effect might be the occasion for her eye to be overwhelmed with an extra flood of bacteria.

Improvement continued in a satisfactory manner after the operation and recovery was attained with clearing up of the eye and fair

vision, in twenty-eight days, shorter than the previous cases. I observed, however, small areas of haziness (nebulæ), though scarcely discernible with the naked eye, in both corneas, but I considered 20/25 vision following two violent attacks of iridocyclitis with dense corneal involvement in all four attacks, satisfactory result.

I kept this case under observation for ten months from the time she first came. Her eyes remained clear and I have not learned of any recurrence during these years. She has escaped "colds" in her eyes as well as being relieved of sniffing and discharge from the nose.

As soon as I considered her well and dismissed the last time, I related the case to a group of physicians. None present had heard of a case of that kind. A few months later one of the physicians called me on the phone asking if I had seen a certain article in that week's medical Journal bearing on "Eye Metastases from Primary Bacterial Foci."

I consider this case rather remarkable in three points: First, the comparative absence of pain in contrast with the other severe symptoms; second, the regularity and similarity of these four attacks, left eye, right eye, left eye, right eye, two violent attacks in each eye, alternating and similar; and third, the clearing up without any disfiguring marks, such as corneal leukoma, maculæ, or synechia, there being only a few nebulæ; and so high visual acuity. For these reasons the case was interesting, although the regularity of the recurrence of these attacks in so short a time was painfully monotonous.

The more rapid recovery after operation and failure to recur, constitute therapeutic proof that these were metastatic eye lesions due to primary foci of infection in the pharyngeal tonsils and pathological tissue in the postnasal space.

When we contemplate that a number of patients visit our offices every month who have tonsil cripts filled with disease producing bacteria and pus, diseased teeth, blocked up sinuses, infected fallopian tubes, and prostates, which sites serve as culture tubes containing culture media for the propagation of disease producing organisms, how important it is that we should call these serious facts to their attention and to the attention of physicians, that they may cooperate with us in the abatement of these sources of danger. Let us urge the need for prompt and diligent search for these primary foci and their immediate eradication.

We have been prone to permit patients to call these ocular lesions a "cold" in the eyes, "catarrh in the eyes," or "pink eye," for most sore eyes are red and patients have an idea that pink eye is anything that makes an eye red and apt to be a mild disease. These fallaci-

ous notions are harmful, because patients think this "cold in the eye" will subside as any other slight cold, especially if he resort to the popular domestic remedies, such as "onion" or "potato poultices."

We should enter a vigorous protest against calling these severe eye diseases a "cold," "catarrh," "pink eye," "wild hairs," etc. It were better if these terms were banished from our nomenclature.

If it be called "rheumatism" his first thought is of Wright's Rheumatic Cure or some other notorious nostrum. We should be diligent in teaching the patients and the public that these eye diseases which the laity are wont to call a "cold," "rheumatism," "pink eye," etc., may be an active and virulent infection in the eye which has its breeding place in the throat, nose, tonsils, abdominal cavity or pelvis, and that it is not only needful promptly to relieve the eye disease in hand, but to search for and remove the primary cause, and that this procedure may not only mean the saving of his sight, but by removing or destroying the incubator, we may lessen the probability of a return of the eye disease, may also reduce his liability to meningitis, myositis, nephritis, ulcer of the stomach, thyroidism, appendicitis, and rheumatic fever with its attendant cardiac complications.

The laity are usually pretty well informed as to the seriousness of these other diseases, and when they are advised that the same thing that caused what he supposed to be a "cold" in the eye, could have produced a pneumonia, bronchial hemorrhage, Bright's disease, mastoiditis, and a number of other well recognized systemic ailments, he will be less inclined to trifle with an eye disease, which if neglected may result in permanently impaired vision, or blindness.

Of course this will be unwelcome news to that class of patients who are stupid and suspicious of every new idea which does not agree in detail with their own notions, but will be heeded by those more willing to be taught. This former class will be loud in their denunciation of the specialist who either was not able to recognize, or if recognized did not have the courage to inform them of their danger. We must go forward in our duty and be content with such reward as comes through the gratitude of progressive and fair thinking people.

I feel that by some plain teaching to the profession and to the laity of these well established facts we will be rendering the public a valuable though perhaps not fully appreciated service.

111½ South Johnson Street.

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OF THE

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Devoted to the Interests of the Medical Profession of Indiana

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EDITORIALS

"MEDICAL SCIENCE AND CURE-ALLS"

In its issue of July 7 the Indianapolis *Star* publishes an editorial on "Medical Science and Cure-Alls" which we wish could be printed in many lay publications for the benefit of the public. The editorial as it appeared is as follows:

Practitioners of the system of treatment of physical ills known as osteopathy complain because they are not admitted to the medical corps of the Army on equal terms. Surgeon-General Gorgas is quoted by some of them as virtually threatening a boycott of the government by the corps if such admission is required—a wholly incorrect interpretation of his remarks, of course. What the Surgeon-General did say was that if osteopaths, as such, and without the degree of M.D. were admitted, it would lower the educational and professional standards of the corps and would have a detrimental effect upon the general morale of the corps and upon the efforts to secure additional physicians. He also said that such a course would be against the opposition of the medical profession of this and allied countries.

The Surgeon-General was quite right in his protest and it is unreasonable for osteopaths or chiropractors or Christian Scientists or New Thinkers or followers of other special healing systems to object. The regular medical profession is not opposed to any of these methods of treatment under certain conditions. Physicians see merit in osteopathy and often send patients to such practitioners, but they do not regard the system as a cure-all.

It is the same with Christian Science. The power of mind over matter was understood and practiced by medical men before Mrs. Eddy ever dreamed of it. From Galen down it has been known that the mental attitude of the physician has a great effect on the patient and in well-conducted medical schools students are taught that to carry into the sick room an atmosphere of confidence and cheer is to help create a sense of security in the patient and faith in recovery. Instinctively, too, the sick person chooses a doctor who is characterized by optimism in preference to one who is unsmiling and gloomy.

As a natural consequence, all physicians recognize certain benefits from Christian Science treatment in given cases. They know its tendency is to quiet the nerves and to take the patient's mind from his ailments, than which nothing is to be more greatly desired. If the trouble is purely imaginary, which often happens, the patient may suddenly be well and if the disease is serious his calmer mental state aids

the effectiveness of medicine. The Christian Science practitioner cooperates with the medical man in such case as a dentist does who, by removing a diseased tooth, helps the doctor who is treating an ailment in another part of the body.

If osteopaths, chiropractors and the rest would qualify themselves by obtaining the degree of M.D. and then take up one of these arts as a specialty, they would no doubt be recognized by the Army medical corps and medical associations generally on equal terms, just as other specialists are, but medicine being a science calling for long and careful study and covering every form of physical and mental disease—a science thoroughly believed in by its followers and by the great mass of educated and intelligent people—it would be highly inconsistent on the part of these followers to accept into their organizations persons advocating and practicing cure-all systems out of all harmony with their own.

Christian Scientists, because of their peculiar anti-materialistic belief, could not, of course, consistently become M.D.'s with their cult as a specialty. At present the only prospect the Scientists and other mental healers, together with the osteopaths and chiropractors, have of entering into professional equality with the graduates of recognized medical colleges is to prove to the world beyond doubt that their respective methods of cure are superior to medicine and surgery.

PLAIN FACTS

There are several features concerning the enlistment of doctors in the Medical Reserve Corps which deserve careful consideration and discussion in very plain language. Our country is at war, fighting for the preservation of democracy and American ideals of humanity and justice. Already we have placed in France an army of nearly 2,000,000 men, the cream of our American manhood, and we are planning to increase that army to four or five million, or even ten million if necessary in order to win. The army as it exists today has not a sufficient number of medical men to properly care for its needs, and an urgent call has come from Washington for the enlistment of more doctors, not only to take care of the present needs but future needs as well.

Up until very recently Indiana has failed miserably to supply its quota of doctors, and even now, with the increased enlistment brought about by the intensive drive so ably conducted by the state committee of the Council of National Defense, we have failed to put Indiana among the leaders where it should be. There seems to be a certain amount of apathy among the physicians of the state as to the real need of doctors for military service, and some doctors are laboring under the delusion that enough doctors have enlisted to supply the demand of our government. As a matter of

fact the government needs and must have every able-bodied physician in Indiana under forty-five years of age, and even many older physicians who are mentally qualified to serve. We are divulging no secret when we say that the military authorities are going to have what they want, peaceably if possibly, but forcibly if necessary.

At a recent meeting of the state and national committees of the Council on National Defense Governor Goodrich expressed himself in no uncertain tones concerning the attitude he will assume in putting Indiana to the front in the matter of the enlistment of doctors in the Medical Reserve Corps. He stated that every physically qualified doctor in Indiana under forty-five years of age must enlist in the Medical Reserve Corps or furnish a valid reason as to why he does not enlist, and that reason—except in rare instances—must not be based on the claim that nonenlistment is due to dependents. The governor believes that a doctor with a wife and one or two children has no moral right to claim exemption if support of those dependents is the only thing to be considered.

The government needs doctors just as much as it needs soldiers, and in deciding exemptions even more drastic methods will be pursued than are pursued in the selection of ordinary soldiers. It is no secret that the state and national committees of the Council on National Defense, with the full sanction and approval of Governor Goodrich, is now taking steps to "smoke out"—to use the governor's expression—the men who should have enlisted in the Medical Reserve Corps and have not done so. In other words, the state of Indiana is going to be too hot a place for medical slackers, and the public is going to be fully informed concerning all the features attached to the drive for an increased enlistment of men in the Medical Reserve Corps.

This movement to secure increased enlistment of doctors is not going to be attended by any coercive measures or unpleasantness providing the men who can and should go into military service take the hint that has been thrown out by the committee in securing answers to the information cards that have been sent to every doctor in Indiana to be filled out and returned to Indianapolis. No doctor eligible for enlistment will be branded as a slacker until his position has been thoroughly investigated and he has been given an opportunity to enlist if conditions warrant his enlistment. The need of medical men in military service is so

urgent that insistence will be placed on the request for enlistment of every able-bodied medical man under forty-five years of age, and no flimsy excuses will be accepted. It is not expected that men with numerous dependents or sorely needed at home to care for dependents, either well or invalided, will enlist for military service, and the Committees of the Council on National Defense will be consistently lenient in the consideration of such cases and will take the trouble to protect such men from any false accusations of being slackers. It must, however, be definitely shown that a doctor is urgently needed at home because of dependents and not because he thinks the community needs him. So far as community needs are concerned, they will be taken care of by the older men in the profession aided by the younger men who are physically disqualified for military service but who are able to do the less strenuous civilian work. Governor Goodrich makes the assertion that the civilian population in every county in Indiana can be cared for reasonably well by one-third of the doctors that lived in the several communities at the outbreak of the war; and any community that is left without a doctor as a direct result of the war will be provided for through assignment of the territory to nearby physicians.

Another feature that has been considered by the committees of the Council on National Defense is the migration of doctors to new fields in order to reap the harvest as a direct result of so many doctors entering military service. The committees are clearly of the opinion that any Indiana doctor who changes his location during the period of the war, such action on the face of it indicating that the change has been made with the direct object in view of profiting by the absence of men in military service, is deserving of the severest censure. Aside from the fact that such an act may be considered unpatriotic and selfish it also may be considered the act of a man who is no better than a slacker. While such men will receive the severest censure from the medical profession of the state as a whole, and in particular the community in which the offending doctor is located, yet it is very probable that steps will be taken to let the public know the attitude assumed by the medical profession concerning this brand of slacker.

Finally, there is going to be a day of reckoning concerning the brand of patriotism exhibited by doctors, and especially those doctors who are not in military service. The doctor who is accusing some of his confreres or others of

pro-German sympathies and loudly boasting of his loyalty to the flag and the cause we are fighting for, will be investigated with a view of determining his true status as a citizen and patriot. His purchase of liberty bonds, war savings certificates and stamps, and his contributions to the Red Cross, war funds of the Young Men's and Young Women's Christian Associations, Knights of Columbus, and other humanitarian war activities will be carefully scrutinized and compared with his financial ability to contribute to such causes. In other words, it is the intention of the committees of the Council on National Defense, backed up by the governor and all of the authorities of the state, to see that Indiana does its full duty in the present war, and especially that the medical men shall meet the requirements of the state that are expected of them. The governor has made it quite clear that Indiana has sent many thousands of its best sons to France where many of them will make the supreme sacrifice, and it is the imperative duty of the folks back home to see that those boys in France do not suffer for the want of anything that will add to their comfort or health. At the present time the army to which our Indiana boys belong needs doctors, and it is up to the medical profession of Indiana to supply Indiana's share of those doctors at whatever sacrifice. Judging from the manner in which enlistment of Indiana medical men has increased during the past few weeks, it is very evident that the urgent call will be met entirely in keeping with the spirit that always has actuated Indiana men in times of trouble. The process of "smoking out," proposed by the governor, may never be necessary in order to encourage enlistment of practically all of the younger men in the medical profession in this state, but it is just as well to serve notice on the backward ones, of which we have a few, just as other states have them, that the call for volunteers must receive favorable attention on the part of every doctor in Indiana, and if for any cause whatsoever a doctor cannot see his duty, means will be taken to point it out to him.

MOBILIZATION OF THE MEDICAL PROFESSION

It is announced from Washington that the government is about to assume control of the entire medical profession in the United States in order to obtain sufficient doctors for the rapidly growing army, and at the same time to distribute those not needed in military ser-

vice in localities where they may be needed for civilian work. This mobilization is to be accomplished either by enrolling all doctors in a volunteer service corps under pledge to accept whatever service—military or civilian—that is assigned them by the government body; or, if the volunteer plan is not successful, legislation will be invoked to provide for drafting all doctors into government service.

In Indiana this enrollment already has begun and every doctor in the state is asked to give such information as is required in order to place him on record for such selection of duty for him as may be decided on by the state committee, providing enlistment in the Medical Reserve Corps has not been consummated already. Incidentally, every doctor is specifically asked to give reason why he is not enrolling in the Medical Reserve Corps of either the Army or the Navy.

In our judgment this scheme has been adopted rather late, though, perhaps, to follow an old adage, "better late than never." However, the military authorities in Washington long have recognized the need of a much larger number of physicians for military work than could possibly be secured under the volunteer system. By far the best plan that should have been pursued, and the one that was advocated and urged by many prominent physicians, was a conscription plan such as used to secure an army. The entire medical profession should have been made subject to military duty, and selections made with due regard for ability, age and physical fitness. Furthermore, the civilian needs should have been taken into consideration, and while every community should have been required to furnish its quota of medical men for military service, yet no community should have been seriously crippled by taking all of the doctors from that particular community. As it is now, under the volunteer system, some communities are really suffering through the need of physicians to care for the civilian population, all, or nearly all, of the doctors in such communities having gone to war. In other communities few, if any, doctors have volunteered. The enrollment of medical men in military service, therefore, is not based on any sense of fairness or justice to the various communities of the country. Furthermore, for the most part, it is the "cream" of the medical profession that has volunteered for service, and while the government should have the best—and no complaint is offered because it does have the best—yet there should be some plan adopted whereby some of the best men, especially

among the older physicians, are left to take care of the civilian population, for it is just as necessary to give the civilian population at home good attention as it is to give good attention to the boys at the front who need provisions and equipment that must be produced at home.

We, therefore, urge the adoption of a plan which will require every doctor to be mustered into the service of the United States, and that the plan carries with it a scheme whereby those required for military service will be selected with due regard for the needs of the civilian as well as military population.

DOCTORS, ATTENTION!

CLASSIFICATION

All physicians of the State of Indiana of record with the Board of Registration have recently received a questionnaire sent out by the Committee on Classification, Council of National Defense. Replies to this have been received from most of the doctors of the state and, in passing, let us say that the responses, in the main, have been satisfactory. The committee, however, wishes to take this occasion to correct an impression which apparently prevails in some quarters, that the mobilization of the medical forces of the state is being conducted by a sort of self-appointed committee without proper authority. We wish to change this impression, if it still exists. The Council of National Defense is a federal organization created by special act of Congress. Dr. Franklin Martin, formerly of Chicago, now a member of the Advisory Commission in Washington, is chief of the Council of National Defense. The Committee on Classification is a subcommittee of the Indiana Division of the National Council, acting under authority of the government.

The census now being taken of the physicians of the State of Indiana is part of a national movement for the mobilization of the medical man power of the United States, which will be made a matter of record at the office of the Surgeon-General of the Army. It is obvious that this is a measure of preparedness, for on the numerical strength of the medical forces, the expansion of the Army, as a whole, must depend.

Every physician in this state, 55 years or less in age, is presumed to be available for active military service, unless he is rejected on account of physical disability or exempted from active service because of major family depen-

dents, absolute communal or institutional need. All physicians over the age of 55 and all those below that age who, for one or the other reason may not be considered fit for military service, will be enrolled in the Medical Volunteer Reserve Corps in the service of the United States, either at home or as the Surgeon-General's department may later determine. The M. V. R. C. blanks will soon be sent to those physicians of Indiana who are not accepted in the Medical Reserve Corps.

It is not unlikely that, through oversight or through miscarriage in the mail, many may fail to have received the questionnaire recently sent out by the Committee on Classification. We, therefore, earnestly request every physician who has not received and returned the above mentioned formulaire to immediately ask for the necessary blank by writing to the chairman of the Classification Committee, 314 Hume-Mansur Building, Indianapolis. As announced by letter accompanying each formulaire, the committee will consider failure to respond on the part of any physician an indication that he desires to be placed in Class 1, Group 1, namely, available for immediate military service. The committee is extremely desirous to work no injustice on any physician or on any community of the state and pleads for the cooperation of every doctor in Indiana, so that the classification of physicians may be complete and flawless, absolutely impartial and final. We request, also, that our colleagues throughout the state do their utmost to reassure the communities in which they reside and practice, for there is an evident fear on the part of the laity that the possible medical needs of the community may be sacrificed unduly. This fear is groundless, for the committee will keep constantly in view the necessities of community and institutional medical need. Should the war last for any length of time, there will be, undoubtedly, a marked shortage of physicians, but this will not proceed to such an extent that the welfare of the various communities will be seriously jeopardized. In fact, every effort will be made to safeguard the health interests of every community, for on this asset the strength of the National Army, as well as the financial security of the government, must depend.

Now, a word to our doctors as to the matter of commissions in the M. R. C. The accompanying letter from the office of the Surgeon-General will, we feel sure, be found self-explanatory and will require no comment. We wish to add thereto, however, a plea that no physician of this state refuse the tender of original commission by the Surgeon-General

or the War Department on the ground of minority in rank. In this connection it must be remembered that very few physicians possess any knowledge, whatsoever, of the demands of the military medical service; that special training in this respect is necessary and required, and that those doctors who enter the service with the rank of first lieutenant will have a far better opportunity of meeting the obligations attached to advanced rank, and thereby merit promotion, after proper training has been acquired. The Surgeon-General himself states very clearly that no estimate of a physician's ability is conveyed by the grade of original commission, but that the future advancement of the medical officer after entrance into the service is based on his efficiency in the service.

The committee wishes also to caution those doctors accepting commissions, now or later, not to give up their civil practice until notified by the War Department to report for duty on a specified date. Usually a period of at least two weeks intervenes between notice of call and date of call to active service. It is advisable to arrange one's affairs in a general way immediately on notice from Washington that one has been accepted, but defer final disposition of personal or professional matters until after receipt of call to active military duty. By heeding the above admonition useless waste of time and practice will be avoided and a minimum of dissatisfaction be encountered.

ALBERT E. STERNE, Chairman,
Indianapolis.
W. N. WISHARD, Indianapolis.
W. T. GOTT, Crawfordsville.
G. W. H. KEMPER, Muncie.
S. M. RICE, Terre Haute.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., July 8, 1918.

DR. ALBERT E. STERNE,
1820 East Tenth Street,
Indianapolis, Ind.

Dear Dr. Sterne:—I am directed by the Surgeon-General to acknowledge the receipt of your communication of July 1, relative to the application of several physicians who feel that they cannot accept the rank and pay for which they may be recommended.

The Surgeon-General directs me to advise you that the personal and financial obligations of the applicant cannot be taken into consideration in making recommendations for rank. The age, previous military experience and professional qualifications must obtain, in order for an applicant to secure recommendation for advanced rank. If the applicant presents the necessary qualifications and administers them to the satisfaction of his superior officers after his entrance into the service, he will receive increased rank, and, of course, increased pay. The Surgeon-General con-

sistently follows the recommendation of the Advisory Board which has adopted a certain policy in regard to recommendations which has been followed since the war began and which has caused a minimum of friction and discontent.

In isolated cases mistakes may have been made in recommending applicants, but in every case ample opportunity is given for the correction of such errors after the applicant has accepted his commission and been assigned to active duty and shows qualifications which would justify his promotion.

The Surgeon-General does not make any estimate of an applicant's professional or other qualifications on his entrance into service, and no estimate is indicated by the rank for which he is recommended for original commission. The Department does, however, make an estimate of a man's qualifications after he is assigned to active duty. Over 80 per cent. of the officers now holding advanced rank in the M. R. C. have received such rank by way of promotion which demonstrates very conclusively that the Surgeon-General has been conservative in the matter of making original recommendations and has been very liberal and afforded every opportunity for the officers' promotion after he has been assigned to active duty.

As an absolute rule, no applicant within the draft age, regardless of his qualifications, is recommended for a commission higher than first lieutenant, and only in exceptional cases is a man who has not attained the age of 35 or over recommended for a higher rank. The mere fact that a man is of mature or older years and has the responsibilities of family duties is not ground for such applicant's recommendation above the grade which his professional qualifications would warrant.

The great majority of applicants accept the commission for which they have been recommended and by efficient and faithful performance of the duties assigned them, merit and receive their promotion in rank.

Very truly yours,

BERT W. CALDWELL,
Colonel, Medical Corps, National Army.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

INDIANA, as a state, has furnished for military work less than 25 per cent. of the active physicians of the state.

THE daily newspapers announce that Hindenburg and the Crown Prince both are ill. Is it any wonder! The drives made by our American soldiers and the soldiers of our allies are enough to make any Hun sick.

IT is estimated that out of about 140,000 doctors in the United States only 90,000 to 95,000 are in active practice; and only about 23,000, or one-fourth of this number, have enlisted in the Army or Navy. Nearly 50,000 doctors will be required eventually for the Army. Therefore, the active practitioners remaining, together with those who have retired, but who can be persuaded to assume active work, must carry on the health maintenance work in this country.

THE September number of *THE JOURNAL* will contain the completed program and all announcements concerning the annual session of the Indiana State Medical Association to be held in Indianapolis on Wednesday, Thursday and Friday, September 25, 26 and 27. In all probability the session will take on a military aspect, and that most of the transactions will have a medico-military character.

IF anyone is in doubt concerning Governor Goodrich's attitude concerning the part that Indiana must play in this war let such doubter talk with the governor concerning the enlistment of doctors. The governor has a very high respect for the members of the medical profession, but he also has a very clear conception of the duty of every medical man as pertains to enlistment for war service. He very properly says that if anyone is to suffer for want of doctors let it be the civilian population at home and not the boys in France.

ONLY one-fourth of the active medical men in this country have enlisted for service in the Army or Navy. Logically every community should have furnished not less than 35 per cent. of its physicians for military service, but as a matter of fact this quota has not been met in some localities and has been exceeded in others. This disparity indicates the necessity of adopting some form of conscription which will equalize the contributions of medical men from the various communities of the country. There is no reason why one community as a result of ardor or patriotism or from any other reason, shall furnish more than its quota, and there is no reason why any community should escape furnishing its quota.

IT is with a great deal of pleasure that we commend the Indiana State Medical Association for the work that is being done in connection with the various war activities. At the office of the association at Indianapolis there soon will be a complete card index file of the medical men of Indiana, containing comprehensive data concerning every medical man, to be used as a guide in deciding qualifications and fitness for military service. This, as well as the entire machinery of the association has been placed at the disposal of the Council on National Defense with the distinct view of aiding the government to the fullest extent in any of its war activities, and especially as pertains to the medical and surgical department of the Army and Navy and public health work.

THERE is a noticeable change in the attitude of registrants toward military service. Whereas at the beginning of the war there seemed to be an abundance of young men who endeavored to avoid service, at the present time there is less evidence of this, and probably it is due to the fact that it has been discovered that it is hard to beat conscription, and, furthermore, the government is taking measures to correct those physical defects that can be corrected by surgical means, thus reclaiming a large number of men who otherwise might escape through disability. Another very potent reason for the change of attitude is the increased patriotism that has been brought about through the continuation of the war and the increasing belief that victory must be secured at whatever cost.

EVERY chairman of a committee of the Indiana State Medical Association is required by the Constitution and By-Laws of the Association to prepare his annual report and send the same in for publication in the number of *THE JOURNAL* that is issued prior to the annual session of the association. This means that every committee report must be in *THE JOURNAL* office not later than August 25. Likewise, every man who is on the program of the annual session is required to send to *THE JOURNAL* not later than August 25 an abstract of his paper, said abstract to contain not less than fifty nor more than two hundred words. It is hoped that this rule will be followed religiously so that there will be no delay in getting out the September number of *THE JOURNAL*, which will contain the completed program and all announcements for the Indianapolis session.

A NEW Indiana law requires the reporting of venereal disease by physicians, and the Indiana State Board of Health has sent out blanks for the purpose. While we have no desire to throw "cold water" on the enterprise, yet we feel that a good deal of laxness will be encountered in complying with the provisions. No doubt many doctors will report conscientiously many cases of venereal disease that are in the communicable stage, yet now and then, for various reasons, he will purposely forget, and no doubt will make it his business to forget in those cases in which the diagnosis depends upon the laboratory tests rather than upon clinical symptoms. However, the law deserves the support of the medical profession, and especially as all reports are confidential and the State Board of Health will not disclose the names of physicians or persons reported to anyone except on order of court.

ONE of the finest things done by the United States Government in connection with the present war is the establishment of war insurance for the soldiers and provisions for the care of those disabled in war. At the close of the present war there will be no "scrapping" of disabled soldiers after giving them small pensions. The plan as already adopted contemplates keeping all disabled soldiers in the military service until the medical department of the army has cured them as far as it is humanely possible. The government also is creating an agency to take care of the rehabilitation of the soldier which dovetails with the physical reconstruction. It will be a civilian agency and will provide retraining in the hope of putting the man in a better job than he had before the war. Certainly this is a fine outlook for the man who fights for his country, but in reality it is his due.

PAPER bandages and various paper surgical dressings are now offered the medical profession, and except where wet dressings are required have proven quite as satisfactory as gauze. Now comes a contributor to *The Journal of the A. M. A.*, who recommends the use of paraffin tissue paper as a dressing for burns or in any other conditions where a non-adherent dressing is desirable. It is claimed that the paraffin paper is superior to the spraying method of using paraffin on burns. It is more easily and rapidly applied, results in more rapid healing of the burned surface, and is more easily removed. It has the value of excluding the air and not interfering with developing

granulations. As a first dressing it is applied directly to the burn, and over this a layer of cotton and the usual bandage. As the paper is impervious to moisture the serum that seeps away from the injury runs away from the raw surface and is absorbed by the outer dressings.

SURGEON-GENERAL GORGAS of the United States Army is back of a movement for the suppression of venereal diseases in civilian communities. He already has instituted and very successfully carried out rules for the suppression of venereal diseases in the Army and Navy. Boards of health everywhere are urged to cooperate in attacking the venereal disease problem in civilian communities, and in Indiana, Secretary Hurty is now waging a vigorous campaign by urging the enforcement of the rules requiring the reporting of venereal diseases as passed by the Indiana State Board of Health on Feb. 27, 1918. Surgeon-General Gorgas says that "the doctor is a slacker who does not raise his voice against venereal diseases and who does not heartily give his aid to the work of their suppression." Secretary Hurty says that the rules laid down by the Indiana State Board of Health point the way for combating venereal diseases in Indiana, and all he asks is the cooperation of the medical profession in bringing about the desired results.

THE osteopaths are charging that the regular medical profession is boycotting the osteopaths from military service because Surgeon-General Gorgas has ruled that osteopathic physicians will not be given commissions in the Medical Reserve Corps unless such osteopaths possess a degree as doctor of medicine. In the name of common sense why shouldn't the osteopaths be boycotted—if that is what they want to call it—from being given commissions when they possess such a one-sided view of all that enters into the successful care of sick and wounded soldiers! Any man who presumes to care for sick and wounded soldiers should have a broad and comprehensive knowledge of all the recognized branches of medicine and surgery. When he has that knowledge he will employ osteopathy, chiropractic, mental science, or any other mode or scheme of treatment that in his judgment, based on education and experience, tells him will bring about the desired result. We cannot, however, subject our soldier boys to the warped and one-sided views of members of pseudo-medical cults who have not acquainted themselves with all of the recognized and established methods of diagnosis and treatment.

THE death rate in swine from all diseases for the year ending March, 1918, announced by the United States Department of Agriculture as 42.1 per 1,000, is the lowest in thirty-five years, according to the records kept during that period. The reduction in mortality, in the light of statistics just published, for previous years shows a sparing of 4,000,000 hogs, equivalent to the consumption of pork and pork products by the entire population of the United States for 1917 for nearly half a month. The marked reduction in the losses of swine for 1918 over preceding periods, in view of the fact that 90 per cent. of these losses are due to hog cholera, indicates clearly the benefit from the combined efforts of state and federal agencies in protecting the farmers against the ravages of this exceedingly fatal disease. Inasmuch as the antivivisectionists are continually decrying the use of protective serums and vaccines, with the assertion that they are useless and inhuman, we wonder what new figment of their imagination will be presented to explain away the results so beneficent to our animal neighbors. Or shall we be told bluntly that the government figures are a lie? Perhaps the antivivisectionist loves his pork too well to deny them.—*Jour. A. M. A.*, June 22, 1918.

A PHYSICIAN who observed some unfavorable effects from the use of a proprietary preparation turned out by the Farbwerke-Hoechst Company, and published the results of his observations in *The Journal of the A. M. A.*, has been threatened by the attorneys of that company on the ground that the publication of the results and the statements contained in connection therewith were seriously damaging to the Farbwerke-Hoechst Company. *The Journal of the A. M. A.* very properly reminds us that we thought that the time was past when proprietary medicine manufacturers would presume to threaten a physician because of his reporting the results obtained by the use of any therapeutic agent. One of the elementary principles in the practice of medicine is that the individual physician shall let others know his results, whether good or bad, in any line of treatment. It is by such interchange of knowledge and experience that progress in medicine is possible. However, in this specific instance it is well for the medical profession to remember that "there is more than one way to skin a cat." They at least can remember the circumstances which bring about the threat to which we have alluded, and the firm that is doing the threatening.

GOVERNOR GOODRICH has his fighting clothes on when he urges a greater enlistment of doctors in the Medical Reserve Corps, and he emphatically states that with few exceptions every medical man in the state of Indiana under forty-five years of age who is physically and mentally qualified for military service must make application for a commission in the Medical Reserve Corps or show good cause why he does not do so. The governor's stand on this question reminds us that we are beginning a little late on a plan that should have been adopted from the first and which we have advocated, namely, conscription of the medical profession. We grant that in an ordinary war the call for volunteers would be quite sufficient, but this is no ordinary war. We are in a combat that right from the first gave every indication of requiring an army of several million American boys, and right from the first the authorities at Washington laid their plans for the formation of such an army. Therefore, it was nothing short of folly to expect the volunteer system to bring into the Army a sufficient number of medical men to meet the demands. Conscription should have been adopted and exemptions granted in accordance with physical, mental and other qualifications, just as exemptions are granted in securing ordinary recruits. A very large percentage of the medical profession would have volunteered anyway, but conscription would have brought into the service many men who very soon may be asked to explain why they are not there. Furthermore, conscription would have avoided a whole lot of uncalled for and unmerited criticism, to say nothing of unpleasantness for those concerned.

THERE never was a time when it has been more necessary to keep the civil population well, and a great responsibility rests with health officers as well as those physicians not in military service who are remaining at home to take care of the civil population. Sanitary and public health rules and regulations should be carried out with religious exactness, and doctors should everywhere urge the adoption of those health promotion measures that time and experience have proved valuable. Vaccination to prevent smallpox should be insisted upon, and the good effects of vaccination to prevent typhoid should be preached in every community. People generally understand that Uncle Sam takes every precaution, and if Uncle Sam compels his soldiers to undergo vaccination to prevent smallpox and typhoid fever, certainly those measures must prove of un-

questioned value or they would not be adopted in the United States Army and Navy. Elimination of the ordinary house fly is another procedure that is necessary to prevent dissemination of disease, and health officers will confer a favor upon any community by insisting that garbage and sewage be taken care of in the most approved way. Malaria, yellow fever and some other diseases are transmitted by mosquitoes, and mosquitoes may be eradicated by getting rid of stagnant water and breeding places through drainage and the application of oil. There never was a time when good health has been so much needed as it is at the present when the services of every man, woman and child in the nation are needed. Let every health officer and every doctor turn his hand to the matter of improving public health.

THE members of pseudo-medical cults are as happy and contented as frogs in high water since so many medical men have enlisted for military service and the civilian population shows some tendency of employing almost any kind of spurious doctors in view of the scarcity of the real article. Of course, such a little thing as meeting any requirements for the practice of medicine does not faze those persons who seek a short-cut to a berth in the professional ranks where they can, without much effort and certainly without much talent, secure an income from attempts to treat the sick and suffering. We are advised that some persons advertising themselves as chiropractors have even omitted the formality of attending any of the so-called chiropractic schools which turn out doctors of chiropractic in a few weeks' time. It is reported that one man who observed the chiropractic treatment of his wife concluded, and probably very rightfully, that he was just as competent to give chiropractic treatment as anyone else, after observing how the manipulations were performed, and immediately announced himself as a chiropractic practitioner. In all probability there will be a day of reckoning, and if we are not mistaken that day of reckoning will come when the war is over and our boys come back to preach the gospel of efficiency in service as they have known it, and the good effects of which have been observed while under Uncle Sam's protecting wing. The regular medical profession has done wonderful things and accomplished miraculous results for our soldiers, and such accomplishments are the direct result of education and training. Our soldiers realize this, and when they return from the front they are going to be strong advocates

of education and training for any person who desires to pursue the healing art. They will have little respect for the pseudo-medical cults that aim to secure the right to practice medicine and surgery without properly qualifying for that profession.

WAR conditions have brought about the appointment of various government dictators to control the sale and distribution of various necessities for life and comfort. One of the recent rulings is that people must pay cash instead of asking or expecting merchants to extend credit. Whenever it is found that a person is unable to pay cash, provisions are made whereby loans may be made through banks or other concerns organized especially to loan money or extend credits. Altogether, the provision is a wise one, for it compels the adoption of frugality and conservation of resources, as it also brings about a high regard for business integrity. There is little excuse for the man who earns a salary or wages to ask the merchant to extend credit, and if credit is desired it should be obtained through channels that are similar to those used by the merchant when he needs credit, namely the banks, trust companies, or other concerns organized to care for such demands. The forced tendency to do away with unnecessary credit is going to be beneficial to medical men who always have been perhaps the most lenient of any class in permitting their patrons to pay when ready, and sometimes not to pay at all even though amply able to do so. There is, however, no reason why doctors should not take advantage of the trend of sentiment and insist upon more prompt payment of bills for professional services rendered. If the doctor is obliged to pay cash for his groceries, coal, gas, electric light, gasoline, and perhaps all other commodities, there is no reason why he should not expect and in fact demand more prompt returns from those able to pay him or able to secure sufficient credit so that prompt payment may be made. Furthermore, the greatly increased cost of living makes it necessary for the doctor to charge more for his services. In most communities the lawyers have publicly announced that they have raised their fees, sometimes to double what was charged before the war, and we know of no class of labor that is not now paid a great deal more than was paid previous to the war. Why, therefore, shouldn't doctors also increase their fees to correspond with the conditions that prevail at the present time?

DEATHS

WILLIAM B. KYLER, M.D., of Benton, died July 10, aged 72 years.

JAMES M. RODMAN, M.D., of Fowler, died July 18, aged 80 years.

MILTON M. BOGGS, M.D., died June 28, at his home in Peru, aged 88 years.

CARRIE C. JONES, wife of Dr. A. C. Jones of Spiceland, died July 6, aged 64 years.

PRESTON M. LAYNE, M.D., of Crawfordsville, died the latter part of June, aged 90 years.

AMERICA LaSALLE, widow of the late Dr. Gilbert LaSalle of Wabash, died July 5, aged 78.

PERMELIA BURNS, widow of the late Dr. C. P. Burns of Greensburg, died July 10, aged 83 years.

LOUIS PETER WEINBERG, M.D., of Ligonier, died July 2 in Chicago Hospital, following an operation, aged 40 years.

CAROLINE KEGLEY, widow of the late Dr. J. L. Kegley, died recently at her home near Franklin, aged 67 years.

PAUL BUCHANAN, M.D., (colored) of Gary, died July 12 as a result of injuries received in an automobile accident, aged 33 years.

J. E. ZILIAK, M.D., died at his home in Evansville on July 18, aged 40 years. He graduated from the University of Michigan Medical School in 1898.

WILLIAM F. SCOTT, M. D., of Anderson, aged 66 years, died July 22 at the Methodist Hospital, Indianapolis. He graduated from the Drake University School of Medicine, Des Moines, in 1892.

DANIEL C. PETERS, M.D., for many years practicing physician at Greentown, died July 3, at his home in Kokomo, aged 58 years. Dr. Peters graduated from the Kentucky School of Medicine, Louisville, in 1891, and at the time of his death was a member of the Howard County Medical Society and the Indiana State Medical Association.

JAMES M. DAILEY, M.D., pioneer physician of Rockport, died July 23 after a lingering illness. He graduated from the Medical College of Ohio, Cincinnati, in 1879.

EDWARD J. McOSCAR, M.D., of Fort Wayne, aged 58, was found dead in his room on July 11, due to an overdose of chloroform taken to induce sleep. He had been in ill health for some time. Dr. McOscar was born in DeKalb County, Ind., in 1860, graduated in medicine from the Jefferson Medical College, Philadelphia, in 1884, and located in Fort Wayne in 1886 for the practice of his profession. He was a member of the Fort Wayne Medical Society, the Indiana State Medical Association, American Medical Association, and Congress of Clinical Surgeons of America.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

GENERAL

DR. L. P. COLLINS of Winimac left July 10 for Fort Oglethorpe, Ga.

DR. S. P. HOFFMAN of Decatur left July 15 for Fort Oglethorpe, Ga.

DR. B. J. TERRELL of Indianapolis left July 4 for Camp Pike, Little Rock, Ark.

CAPT. E. T. DIPPEL of Huntington left July 14 for duty at Fort Dodge, Iowa.

DR. S. G. SMELSER of Richmond left July 10 for military duty at Fort Oglethorpe, Ga.

DR. W. J. NORTON of Hope reported on July 15 at Camp Custer, Battle Creek, Mich.

DR. R. A. WILTSHIRE of Morristown has been commissioned captain in the M. R. C.

DR. VIRGIL GORDON of Blountsville has been commissioned first lieutenant in the M. R. C.

DR. C. V. DAVISSON of Lafayette reported at Camp Shelby, Hattiesburg, Miss., on July 15.

DR. JOHN H. OLIVER and family of Indianapolis spend the month of August at Nantucket.

DR. S. W. HERVEY of Fortville has been commissioned captain in the Medical Reserve Corps.

WORD is received of the safe arrival in France of Capt. William S. Ehrich of Evansville.

DR. JOHN C. ARMINGTON of Anderson was ordered to report at Fort Oglethorpe, Ga., on August 1.

DR. I. E. MORRIS of Fort Wayne has been commissioned as Captain in the Medical Reserve Corps.

DR. JOSEPH E. SEALE of Fairmount has received a commission as captain in the Medical Reserve Corps.

DR. P. G. FERMIER of Leesburg, first lieutenant in the M. R. C., was ordered to report for duty on July 5.

WORD has been received concerning the safe arrival in France of Capt. S. B. Elrod, formerly of Henryville.

CAPT. RUDOLPH YUNG of Terre Haute was ordered to report August 1 for duty at Camp Green, N. C.

DR. J. O. WEHRMAN of Indianapolis is taking post-graduate work in Chicago. He will return September 1.

THE city board of health of Indianapolis will face a deficit of \$35,000 at the end of this year, according to reports.

DR. HARRY J. THOMPSON of Laporte has received his commission as captain in the Medical Reserve Corps.

DRS. J. A. CHEVIGNY and A. W. LLOYD of Hammond have received commissions as captains in the M. R. C.

DR. J. J. JONES of Salamonina, first lieutenant in the Medical Reserve Corps, left July 10 for Camp Beauregard, La.

DR. J. W. RATLIFF of Lawrence left July 20 for duty at Fort Oglethorpe, Ga. He holds the commission of lieutenant.

DR. CHARLES D. HUMES of Indianapolis, with Base Hospital No. 32 in France, has been promoted to the rank of major.

DR. FRED METTS of Bluffton, following government orders, reported for duty at Fort Oglethorpe, Ga., on July 16.

DR. HAROLD O. WILLIAMS of Kendallville has been ordered to Norfolk, Va., for duty as assistant surgeon in the Navy.

DR. PROSSER E. CLARK of Clarksburg is recovering from a recent operation performed at the Sexton Hospital, Rushville.

DR. A. B. COYNER of Chalmers, first lieutenant in the Medical Reserve Corps, reported on August 1 for duty at Fort Oglethorpe.

DR. C. C. DuBOIS of Warsaw, captain in the Medical Reserve Corps, reported at Camp Oglethorpe on August 1 for active duty.

LIEUT. ERVIN HUCKLEBERRY, formerly of Salem, now with the U. S. Medical Corps, has been transferred from England to France.

DR. HARRY E. DEES of Bicknell, commissioned first lieutenant in the Medical Reserve Corps, reported for active duty on July 14.

DR. E. SOMERS of Craigville left July 29 to report for duty at Camp Gordon, Atlanta, Ga. He holds the commission of first lieutenant.

DURING July no articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Nonofficial Remedies.

DR. G. W. SMAIL of Veedersburg has been commissioned first lieutenant in the Medical Reserve Corps and reported for duty on July 15.

DR. M. L. SAMMS of Batesville was ordered to report for duty in connection with the base hospital at New Haven, Conn., on August 1.

DR. H. A. RAY of Fort Wayne has been commissioned captain in the Medical Reserve Corps, and left the latter part of July for active duty.

DR. and MRS. R. O. McALEXANDER of Indianapolis have been taking a trip through the East, visiting Pittsburgh, Rochester and other points.

DRS. HARRIETT STEAMEN MACBETH and BERTHA GOBA of Fort Wayne announce the removal of their offices to 329 East Berry Street.

DR. R. A. SOLOMON of Indianapolis, lieutenant in the Medical Reserve Corps, was ordered to report for duty at Camp Dodge, Ia., on July 10.

DR. W. A. HOLLIS of Hartford City, who left recently for military duty at Washington, D. C., is attached to the attending surgeon's office there.

THE St. Antonio Hospital, Gary, is to be enlarged and remodeled at a cost of \$115,000. The hospital is owned and operated by Dr. Antonio Giorgi.

THE town of Bridgeton, Parke County, was left without a physician when Dr. P. R. Bennett left on July 25 for military duty at Fort Oglethorpe, Ga.

DR. JOSEPH D. HEITGER, A.B., M.D., announces the removal of his offices from Bedford, Ind., to the Atherton Building, 608 Fourth Street, Louisville, Ky.

DRS. W. C. LANDIS and WALTER STOUT of Silver Lake, have received commissions as captains in the M. R. C. Captain Stout left early in July for duty at Fort Riley, Kan.

DR. D. G. MERTZ of Fort Wayne was married July 13 to Miss Edith Heit of the same city. They will be at home at the White Apartments until Dr. Mertz is called to military service.

DR. AUBREY L. LOOP of Economy, Ind., has accepted a commission in the Medical Reserve Corps of the U. S. Army and is now on duty at Base Hospital, Camp Gordon, Atlanta, Ga.

DR. CHARLES N. COMBS, secretary-treasurer of the Indiana State Medical Association, has been promoted from lieutenant to captain. He is still stationed at the Base Hospital at Fort Benjamin Harrison.

DR. C. R. STRICKLAND, who has been commissioned as captain in the Medical Reserve Corps, has disposed of his office furniture and after two weeks' vacation, the first of the month, reported for duty August 15.

DR. CHARLES B. KERN of LaFayette, president of the Indiana State Board of Health, who was refused entrance to army medical service because of hernia, has undergone an operation and is rapidly mending. He expects to take a second examination soon.

DR. W. R. MORRISON of Indianapolis, a member of the 1918 graduating class of Indiana University School of Medicine has received an appointment as an intern in the Philadelphia General Hospital.

DR. GEORGE F. BUTLER has resigned as Medical Director of Mudlavia and accepted a position as Medical Director of the North Shore Health Resort at Winnetka, Ill. He will begin his active duties there September 1.

DR. OTTO C. ROGERS of Bloomington has been appointed to a place on the Monroe County registration board in the place of his brother, Dr. Robert C. Rogers, who left recently for medical service abroad.

DR. R. M. CAMPBELL of Lafayette has been appointed to fill the place of Dr. C. V. Davisson on the conscription board of Tippecanoe County. Dr. Davisson left July 15 for duty at Camp Shelby, Hattiesburg, Miss.

DR. S. A. SHOEMAKER of Bluffton has been appointed county health officer of Wells County to fill the vacancy caused by the resignation of Dr. F. M. Dickason, who has been commissioned first lieutenant in the Medical Reserve Corps.

DR. M. H. YOUNG of Brazil has been elected secretary of the Clay County Medical Society to succeed Dr. Harry M. Pell, who has been commissioned in the Medical Reserve Corps, and left July 20 for duty at Fort Oglethorpe, Ga.

THE Cutter Laboratory of Berkeley, Calif., established for the past twenty years, have reorganized and enlarged their Chicago office, and are announcing the fact to the physicians of this territory in the advertising columns of this journal.

DR. JAMES E. LUCKEY of Wolf Lake received serious wounds when stabbed on July 20 by Albert A. Miller, a farmer. The farmer attacked Dr. Luckey from the rear, and the assault was the culmination of a quarrel of long standing. The doctor will recover.

DR. WALTER R. CLEVELAND of Evansville left early in July to take up his new duties at the Wingate Tubercular Sanatorium, Asheville, N. C., where he will be associated with Dr. Karl von Ruck and Dr. W. W. McMichael of Chicago. He will remove his family to that city later.

DR. A. M. HETHERINGTON of Indianapolis has gone to Denver to visit his wife and daughter, who are spending the summer with Dr. J. L. Freeland and family. Dr. Hetherington will return by way of the Mayo Clinics and Chicago, where he will do some special work in surgery.

THE internal revenue collections for the fiscal year ending June 30, last, totaled \$3,672,000,000. This year's collections exceed those of the preceding year by \$2,872,000,000. Four thousand persons were employed in the work, and the total cost of the collection was only \$12,000,000.

DR. LEWIS C. CLINE of Indianapolis announces that he has withdrawn from active practice, but will continue to make appointments for consultation and diagnosis of otolaryngology and rhinology. Dr. Carl B. Sputh, who has been associated with Dr. Cline, assumes his practice and will confine his activities to treatment and surgery of the ear, nose and throat.

BONDS of the Fourth Liberty Loan are now being turned out by the thousands by the Treasury's Bureau of Engraving and Printing. The bonds are similar in form and design to those of the third loan, and space has been left on each bond for insertion of the exact terms of the bonds. It is believed that a sufficient number of the bonds will be ready to make possible immediate delivery of all bonds of the fourth loan as they are purchased.

THE Tippecanoe County Medical Society gave a farewell dinner at the Lahr Hotel, Lafayette, in honor of eleven of their members who have been commissioned in the Medical Reserve Corps. The honor guests included Drs. J. W. Shafer, H. J. Laws, A. J. Bauer, S. Pearlman, C. V. Davisson, Earl Van Reed, F. P. Hunter, E. B. Ruschli, F. L. Pyke, H. N. Swezey and C. J. Brockway. Dr. C. C. Driscoll, president of the society, acted as toastmaster.

EVERY effort is being made to obtain the appointment of an official examiner at Indianapolis to relieve the staff at Fort Harrison from some of its strenuous work in connection with doctors seeking commissions in the Medical Reserve Corps. The government had promised to appoint such an examiner and the matter apparently was settled, but at the last moment final action was withheld by the War Department

after recommendations had been made by the Surgeon-General. A number of doctors had been told that the Indianapolis office would be opened shortly and no doubt have been awaiting word to report for examination. The executive secretary wishes to assure these doctors that every effort is being made to hasten action by the War Department and that notification will be sent immediately on receipt of word that an examiner has been officially designated.

AFTER a tour of many American cities, which enabled them to meet and address representative groups of American physicians and surgeons, the medical mission sent by the British government to this country, composed of Sir James Mackenzie, noted heart specialist of Edinburgh and London; Colonel Sir William Arbuthnot Lane, veteran surgeon of the Zulu, Egyptian and Boer wars, and authority on bone surgery, and Colonel Herbert Alexander Bruce of Toronto, now consulting surgeon to the British armies in France, have returned to Great Britain. On their departure, Colonel Bruce said: "In the travels of our mission through America we have been to many centers of war activity here, and we will have a great deal to say when we get home about the marvelous and effective program which you are carrying out on so colossal a scale. I want to say that it has heartened us very much, and that we know it will hearten the people at home when we report there."

THE Children's Bureau of the U. S. Department of Labor is publishing a new Bulletin on Child Care, prepared by Mrs. Max West, which gives much information that every mother must know if the nation is to meet the health needs of its children as indicated by the draft and still further revealed by the weighing and measuring test. This bulletin will be especially useful to thousands of mothers who have learned by the weighing and measuring test of defects and weakness in their children which need particular attention. "Child Care" deals with children from two to six years old and is the third issue in the series which began with "Prenatal Care" and "Infant Care." It contains simple rules of health and hygiene, including carefully compiled directions about proper food, suitable clothing, suggestions for play and exercise, for discipline and training. A list of books on child care and training also is added. The bulletin can be secured from the Press Service of the Children's Bureau, U. S. Department of Labor, Washington.

THIRTY-NINE of the forty-three students who took the state board examination for physicians' license on June 13, 14 and 15 were passed. James Thom of Waverly, Ind., had the highest average, his percentage being 955 out of a possible thousand. This average was the highest since 1908. The names of the men and women to pass the state board examination follow: E. M. Arkman, R. T. Buehl, O. E. Eicher, G. R. Gates, C. A. Robison, C. A. Summers, E. A. Hershey, R. B. Hauss, N. Lawhead, D. M. Lingsman, W. D. Little, W. T. Miller, M. C. McKain, R. J. Masters, J. S. Noblitt, C. L. Rudefill, J. O. Ritchey, N. B. Saleini, C. A. Weller and L. W. Veach, all of Indianapolis; F. M. Gastineau, J. K. Leasure, J. M. Whitehead, H. G. Hughes, J. A. Burgman, T. C. Eley and William Moore, Naval Hospital, New York; F. M. Williams, Naval Hospital, Philadelphia; B. P. Gill, Pekin, Ind.; P. E. Martin, New York; Miss Florence Gebhart, Laporte; Miss Mary E. Smith, Marion; C. E. Smith, Pendleton; G. A. Thomas, Greencastle; H. E. Murphy, Morgantown; W. R. Morrison, Philadelphia; J. B. Gardner, Cincinnati, and James Thom, Waverly.

ACCORDING to word received by Dr. Eastman from Dr. Franklin Martin, member of the Advisory Commission, Council of National Defense, the Surgeon-General's office has agreed to acknowledge a request for orders to send an examiner to a designated place at a specified time, for the purpose of examining applicants for the Medical Reserve Corps. The procedure, says the letter, should be as follows:

1. Secure a promise from at least ten physicians that they will be present on a certain date and place, of your selection, for the purpose of being examined for the Medical Reserve Corps.
2. Write a letter to the Medical Section, Council of National Defense, requesting that a medical officer be sent to a designated place on a certain date for the purpose of examining applicants for the Medical Reserve Corps. State that you have secured promises from the following physicians (enumerating applicants), that they will be present for the purpose of being examined. Give their full names and addresses.
3. In requesting a medical examiner allow at least ten days to elapse between the time the request is received in this office and the time selected.
4. The Surgeon-General will be requested to issue orders if your request is approved by this office.
5. If the call be very urgent a telegram, making such a request, will be acted on more promptly and we will endeavor to secure orders on a few days' notice. We hope urgent requests will not be frequent.

Orders to officers of the Medical Reserve Corps, as pertains to Indiana doctors, during the month of July:

To Camp Grant, Rockford, Ill., for duty, Lieut. HERBERT M. SENSENY, Fort Wayne.

To Camp Greene, Charlotte, N. C., as a member of the board examining the command for tuberculosis, from Camp Sheridan, Capt. AMZI W. HON, Indianapolis.

To Camp Jackson, Columbia, S. C., from Camp Sevier, Lieut. CHARLES F. VOIGT, New Albany.

To Camp Devens, Ayer, Mass., for duty, from Fort Oglethorpe, Lieut. CARL HENNING, Hanover.

To Camp Pike, Little Rock, Ark., for duty, Capt. ROBERT C. ROGERS, RODNEY D. SMITH, Bloomington; BEECHER J. TERRELL, Indianapolis; Lieut. FLOYD I. EICHER, Wakarusa.

To Camp Wheeler, Macon, Ga., for duty, from Fort Oglethorpe, Lieut. FRED C. DILLEY, Brazil.

To Camp Zachary Taylor, Louisville, Ky., for duty, from Montgomery, Lieut. JULES L. BIERACH, Salem.

To Fort Benjamin Harrison, base hospital, from Fort Oglethorpe, Lieut. Lee A. SALB, Jasper.

To Fort Des Moines, Iowa, base hospital, Capt. CARL W. McCAUGHEY, Greenfield.

To Fort McPherson, Ga., for temporary duty, Lieut. WILLIAM J. JOHNSON, Indianapolis.

To Fort Sam Houston, Texas, for duty, from Camp Jackson, Lieut. CHARLES E. WOODCOCK, Whiteland.

To Camp Beauregard, Alexandria, La., base hospital, Lieut. HOWARD H. JONES, Salmonia.

To Camp Gordon, Atlanta, Ga., base hospital, Lieut. AUBREY L. LOOP, Economy.

To Camp Hancock, Augusta, Ga., for duty, from Fort Oglethorpe, Capt. HARRY H. THOMPSON, Noblesville.

To Camp Logan, Houston, Texas, for duty, from Fort Riley, Lieut. ARTHUR L. LEEDS, Michigan City.

To Camp Shelby, Hattiesburg, Miss., for duty, from Fort Oglethorpe, Lieut. ROBERT G. JOHNSTON, Markle.

To Camp Stanley, Leon Springs, Texas, as orthopedic surgeon, from Boston, Lieut. MERRILL S. DAVIS, Marion.

To Camp Zachary Taylor, Louisville, Ky., base hospital, Lieut. ERLE O. DANIELS, Marion. COL. C. MACKEY, Whiting.

To Columbia, S. C., University of South Carolina, to make physical examinations and give medical attention to drafted men, and on completion to his proper station, from Fort Oglethorpe, Lieut. HARVEY K. STORK, Huntingburg.

To Edgewood, Md., base hospital, Capt. JOSEPH L. ALLEN, Greenfield.

To Fort Oglethorpe for instruction, Capt. IRWIN W. DITTON, Fort Wayne; WM. CULLEN SQUIRE, Milton; JOHN S. SPRAGUE, North Liberty; ARTHUR LE. KNAPP, South Bend; JULIUS C. BOHN, Terre Haute; Lieut. HARRY H. DEES, Bickwell; JOSEPH KENTLING, Bloomington; EUGENE W. MITCHELL, Cannellton; ARCHIE S. BROWN, Clay City; WILLIAM C. LANDIS, Claypool; FAYE O. SCHENCK, Crawfordsville; STERLING P. HOFFMAN, Decatur; GEORGE M. SHEWALTER, Ellwood; GEORGE B. THOMAS, Greenfield; HARRISON A. WALKER, Indianapolis; ALFRED A. THOMPSON, Tyner.

To report by wire to the commanding general, Central Department, for assignment to duty, Lieut. SAMUEL L. LINGLE, Paoli.

To Washington, D. C., Elizabeth's Hospital, for intensive training, Lieut. EDWARD H. SCHLEGEL, Fort Wayne.

To Camp Custer, Battle Creek, Mich., base hospital, Capt. WILLIAM J. NORTON, Hope.

To Camp Dodge, Des Moines, Iowa, base hospital, Lieut. REUBEN A. SOLOMON, Indianapolis.

To Camp Hancock, Augusta, Ga., for duty, Lieut. ARTHUR L. OILAR, Russiaville; LEONARD P. COLLINS, Winamac.

To Camp MacArthur, Waco, Texas, for duty, from Camp Travis, Capt. ETHAN A. ISH, Waterloo.

To Camp Wadsworth, Spartanburg, S. C., base hospital, Capt. EDWIN R. CHURCHELL, Richmond.

To Camp Wheeler, Macon, Ga., for duty, from Fort Oglethorpe, Capt. LINLEY M. REAGAN, Tipton.

To Fort Oglethorpe for instruction, Capt. WILLIAM E. NICHOLS, Hammond; Lieuts. FRED H. FINLAW, Arlington; FRANCIS M. DICKASON, Bluffton; BYRON J. WYLAND, Mishawaka.

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To Camp Wadsworth, Spartanburg, S. C., base hospital, Lieut. CHARLES H. BRUNER, Greenfield.

To Camp Wheeler, Macon, Ga., base hospital, Lieut. HARRY J. LAWS, Lafayette.

To Fort Benjamin Harrison, for duty, Lieut. THOMAS L. SULLIVAN, Indianapolis.

To Fort McPherson, Ga., for temporary duty, Capt. HEILMAN C. WADSWORTH, Washington.

To Fort Oglethorpe for instruction, Capt. STEPHEN L. EGART, Indianapolis; ALLEN L. BRAMKAMP, Richmond; Lieuts. THEODORE S. SCHILT, Bremen; FRANCIS H. FOX, Hammond; ROY L. SMITH, Indianapolis; SOLOMON G. SMELZER, Richmond; GEORGE W. SMALL, Veedersburg; ARTHUR J. BAUER, Lafayette.

sician a marked advantage, for many times warning is given in time that treatment may prevent or at least modify a serious condition. Here you look directly at the currents of living blood and can observe the process and progress of degeneration or repair.

Examination of the fundus often gives the first intimation of nephritis, serious nerve disease or arteriosclerosis. A beginning arteriosclerosis manifests itself early in the retina, before changes are apparent in the other organs.

The old, overworked phrase, "I could have saved your life had I seen you sooner," should be supplanted by this, "I could have saved your life had I made the correct diagnosis earlier."

The earlier recognition of glaucoma by the general practitioner would insure the sight of many an aged person needlessly blind.

More care should be used when removing foreign bodies from the eye. We must observe cleanliness and do as little damage to the structure as possible. It is better to cocaine in each instance, as this permits more deliberate and careful work. If the foreign body has been in the eye six hours or more before removal, or when the cornea is scratched or irritated, a bland ointment should be spread beneath the lids and the eye bandaged and put at rest.

The most satisfactory treatment for "pink eye" is a 1:1000 solution of toluidinblau. A few drops in the eye two or three times daily will speedily stop the inflammation.

The subject was discussed by Drs. Hollis, Miller, Hill, Sellers, Kemper and others.

Adjourned.

H. D. FAIR, Secretary.

JASPER-NEWTON COUNTY

Society met June 28 at Kent Hall, Kentland. Paper presented: Indications and Contra-Indications for Curettage, by Dr. J. G. Kinneman.

In his opinion the mass of women have learned that the greatest service we can render them is of a preventative character rather than curative, and the necessity of classifying with fulness, godliness and cleanliness.

Puerperal sepsis is regarded with more or less justness as a result of ignorance or laxity by the accoucher in his management of labor. He thinks the day will come when we will have no reason to remember that the advance line of defense set up by the invaded mucous membrane of the uterus by pathologic flora, is not to be disturbed by the curette.

When once an abortion was started he would empty the uterus by dilating the cervix and using a dull, blunt curette; but in event the uterus has had introduced within its walls pathologic flora, with marked evidence of acute endometritis, metritis, and extension to contiguous pelvic viscera, would make no effort to enter the womb, much less do a curettage.

Impatient tinkering, attempts at assisting cervical dilatation by manual force, oft repeated examinations through a never sterile vagina, douching and scrubbing the vaginal mucous membrane, all constitute sources of infection.

Too often dilatation and curettage done for painful menstruation is due to spasmodic contraction of the circular cervical muscle fibers.

Adjourned.

O. E. GICK, Secretary.

SOCIETY PROCEEDINGS

DELAWARE-BLACKFORD COUNTY

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie high school building, Friday evening, July 5, 1918, and was called to order at 8:30 by President O. E. Spurgeon.

This meeting was honored by the attendance of more than a dozen ladies, wives of both local and out-of-town physicians, and may be considered as especially complimentary to Drs. Quick, Hollis, Sellers, and Buckles who have enlisted in the U. S. Government Service and are about ready to leave for "Somewhere."

The speaker for the evening was Dr. J. M. Quick, who gave an illustrated lecture entitled, "A Few of the Things the General Practitioner Should Know About the Eye." Dr. Quick used the reflectoscope, throwing many pictures on the screen, showing normal as well as pathologic conditions of the eye.

Abstract: The specialist should know much about general medicine, and the general practitioner should learn all he can about the specialties; particularly should he be familiar with the anatomy, physiology and pathology of the eye. A very great aid in general diagnosis is the ophthalmoscope, and every physician ought to know how to use one. The retina reveals many things to the skilled observer, and the early interpretation of retinal changes give the phy-

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

CHLORINE SODA AMPULES.—Composed of a sealed glass tube stated to contain 4.8 Gm. liquid chlorine and a sealed glass tube stated to contain 21.3 Gm. monohydrated sodium carbonate and yielding, when the contents of the tube are dissolved in 1,000 Cc. of water, a solution similar in composition to Neutral Solution of Chlorinated Soda-N. N. R. To prepare the solution the contents of the tube of monohydrated sodium carbonate are placed in a bottle having a capacity of about 2,000 Cc. and dissolved in 1,000 Cc. water. The tube containing the liquid chlorine is suspended from a rubber stopper and is inserted into the bottle and the stopper securely inserted. The large bottle (after covering with a cloth) is shaken to break the chlorine tube, the contents of the bottle are then shaken for two minutes or longer. The solution freed from particles of glass is ready for use, or its available chlorine may previously be checked by titration. The solution so obtained is intended for the Carrel-Dakin treatment of infected wounds. Johnson and Johnson, New Brunswick, N. J. (*Jour. A. M. A.*, July 6, 1918, p. 939).

DEXTRI-MALTOSE No. 2, MEAD'S.—A mixture containing approximately maltose, 53.1 per cent.; dextrin, 42.6 per cent., and moisture, 4.3 per cent. On the claim that maltose is more readily assimilable than other forms of sugar, Mead's dextri-maltose No. 2 is proposed for use in the diet of adult invalids. Mead Johnson & Co., Evansville, Ind.

DEXTRI-MALTOSE No. 3, MEAD'S.—A mixture containing approximately maltose, 52 per cent.; dextrin, 41.7 per cent.; potassium carbonate, anhydrous, 2 per cent., and moisture, 4.3 per cent. In the belief that an addition of potassium salts counteracts a tendency to constipation, it is said to be particularly adapted in the feeding of constipated infants. Mead Johnson & Co., Evansville, Ind. (*Jour. A. M. A.*, July 20, 1918, p. 193).

PROPAGANDA FOR REFORM

CHLORINE SODA AMPULES.—The A. M. A. Chemical Laboratory reports that the Chlorine Soda Ampules of Johnson and Johnson yield a solution containing the claimed amount of available chlorine if precautions are taken to prevent loss of chlorine when the solution is prepared. On the basis of the report, the Council on Pharmacy and Chemistry accepted the Chlorine Soda Ampules for New and Nonofficial Remedies (*Jour. A. M. A.*, July 6, 1918, p. 39).

PROTEAL THERAPY.—Henry Smith Williams, who expounds the use of his "Proteals" for the treatment of

cancer, tuberculosis and many other diseases, is better known in the journalistic world than in the field of scientific medicine. A few years ago, Dr. Williams appeared interested in the Autolysin treatment of cancer which at that time was being exploited. The present "Proteal" treatment appears to be a modification of the "Autolysin" treatment. Dr. Williams, in attempting to justify the use of his "Proteals" in tuberculosis, cancer, rheumatism, etc., takes advantage of certain investigations bearing on the nonspecific reactions resulting from the parenteral injection of foreign proteins (*Jour. A. M. A.*, July 6, 1918, p. 58).

OPHTHALMOL (LINDEMANN).—The Council on Pharmacy and Chemistry publishes a report declaring Ophthalmol (Lindemann) inadmissible to New and Nonofficial Remedies. The preparation is advertised for the treatment of eye diseases. It is said to be an oily solution of "glandular extract of the fish *Cobitis fossilis*," but its composition is not definitely declared. The Council rejected Ophthalmol (Lindemann) (1) because the use in eye of an irritant of secret composition and of uncertain activity is unscientific and against the interest of public health; (2) because Ophthalmol is of secret composition, and (3) because no evidence has been submitted to substantiate its superiority over established methods of treatment (*Jour. A. M. A.*, July 6, 1918, p. 59).

THE ITALIAN CONSUMPTION CURE.—Daily papers have purported to give an account of a new alleged cure for pulmonary tuberculosis said to have been "discovered" by Prof. Domenico LoManaco of Rome. The treatment is said to consist of the subcutaneous injection of sugar—the particular form of sugar not being specified. Italian medical journals and medical publications from other European countries appear to contain no reference to this latest "discovery" (*Jour. A. M. A.*, July 13, 1918, p. 142).

SILVOL INADMISSIBLE TO N. N. R.—The Council on Pharmacy and Chemistry reports that Silvol (Parke, Davis & Co.) is a silver protein preparation of the Argyrol type. Its physical properties are similar to those of Argyrol, and, like Argyrol, it is said to contain about 20 per cent. of silver. Like Argyrol, it is non-irritant to the nasal mucosa in 10 per cent. solution. About the same claims are made for the local use of Silvol as are generally made for Argyrol, and these may be accepted. In addition, however, claims are made which are doubtful and which require substantiation. As the manufacturers have presented no evidence for their highly improbable claims, and as they have not signified any intention of making their claims agree with substantiated facts, the Council declared Silvol inadmissible to New and Nonofficial Remedies (*Jour. A. M. A.*, July 13, 1918, p. 140).

DOAN'S KIDNEY PILLS.—A testimonial for Doan's Kidney Pills by Mr. Ford appeared in the *Kankakee Daily Republican*, nearly three months after he was dead and buried. The advertisement containing the testimonial said: "Follow Kankakee people's example, use Doan's Kidney Pills" (*Jour. A. M. A.*, July 13, 1918, p. 140).

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PRESCRIPTION A-2851.—Eimer and Amend write that the reported analysis of their "rheumatism remedy," Prescription A-2851, by the Louisiana State Board of Health was incorrect in that it failed to state that 45 per cent. of it was wine of colchicum and in that it contained 9.3 per cent. and not 7.5 per cent. of potassium iodide. On the basis of the manufacturer's statement, each dose of the remedy contains 27 minims of wine of colchicum—almost a full dose. Colchicum is so uncertain that its use in products of the home remedy type should be unhesitatingly condemned (*Jour. A. M. A.*, June 20, 1918, p. 215).

VADEROL.—A rather expensively prepared advertising card, forwarded by a medical officer in France to the Surgeon-General's Office in Washington, read: Urinary Duets—Ancient and Recent Runnings—Cystitis, Prostaticis, Filaments—Speedy and Radical Recovery by means of the Vaderol—Used in the Urological Establishments of the Armies. The card is an interesting evidence of the attempt of a French patent medicine maker to exploit the English speaking soldier now in France (*Jour. A. M. A.*, July 20, 1918, p. 215).

DEPENDABILITY OF TABLETS.—There is no doubt about the convenience of tablets, but the accuracy of the dosage content is not always to be depended on. In 1914, Kebler reported the results of a far-reaching investigation of tablet compounding in which he pointed out that tablets on the market were not as uniform or accurate as was generally believed. During the past year, the Connecticut Agricultural Ex-

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periment Station undertook the examination of tablets—proprietary and nonproprietary—taken from the stock of dispensing physicians. The variations found in weights of the tablets were strikingly similar to those reported by Kebler. Allowing a tolerance in composition of 10 per cent., one or more product of the following manufacturers were found deficient: Buffington Pharmacal Company; Daggett and Miller Company; Drug Products Company; the Harvey Company; National Drug Company; B. F. Noyes Company; Progressive Chemical Company; Tailby-Nason Company, and John Wyeth & Brother (*Jour. A. M. A.*, July 27, 1918, p. 300).

BOOK REVIEWS

MODERN UROLOGY. An Original Contribution by American Authors. Edited by Hugh Cabot, M.D., F.A.C.S. Lea and Febiger, Philadelphia and New York, 1918. Two volumes. Price, \$14.00.

Refinements in diagnosis and treatment in the comparatively new specialty of urology are brought up to date in Cabot's composite work. It is an harmonious arrangement of correlated subjects by different American writers, not evincing the lack of smoothness which might be expected of a textbook if written by a single author. The two volumes contain some fifteen hundred pages, illustrated with 632 engravings and seventeen plates.

The first volume begins with an historical sketch of genito-urinary surgeons in America by Dr. Francis S. Watson of Boston, and is an appreciative tribute to the men who in the last fifty years have earned recognition for this specialty. That the specialty is new is easily understood by the fact that prior to 1877 there was but one treatise in America devoted to this subject, and that its development has been creditable is shown by the contributions of the twenty-eight authors wholly composing Cabot's new work.

The first volume is devoted to diseases of the penis and urethra, and the external genitals and seminal vesicles. The second volume includes diseases of the bladder, the ureters and the kidneys. The work is a very complete treatise on the surgical diseases of the subjects referred to and its incidental inclusion of the discussion of gonorrhea and syphilis is not intended to indicate that it is also a work on venereal diseases. The author correctly says that the "relation of syphilis to genito-urinary diseases is purely incidental" and that "many of its developments belong far more truly to the realm of the internist and the neurologist."

The chapters on the cystoscope and its use, the method of diagnosis, lesions to the urinary tract, and roentgenology of the urinary tract are profusely illustrated, and the text clearly and practically presents the great advance in diagnosis.

The classification and discussion of infection and injuries of the external genitals, of the urethra, bladder, ureters and kidneys is ample and includes the most recent procedures in such cases. The great amount of interest involved in tubercular infections of the external genitals and the entire urinary tract, which has received such emphasis in the past ten years, is well presented in these chapters.

The consideration of the pathology and surgery of the prostate is an excellent presentation of this subject, illustrating and describing the technic of prostatectomy very fully.

No American work of greater merit has been presented on urology and it is doubtful if any recent work abroad approaches it in practical arrangement of the text or in authoritative statement of our present knowledge of genito-urinary surgery.

THE UNGEARED MIND. By Robert Howland Chase, A.M., M.D., Physician-in-Chief Friends Hospital (for Mental Diseases); formerly resident physician, State Hospital, Norristown, Pa., etc. Illustrated. Cloth, \$2.75. Philadelphia, F. A. Davis Company, 1918.

This is not a textbook or a treatise on mental disorders. It is rather a volume in which are given some original ideas which the author has formulated as the result of his own study and experience. It must be admitted that nothing especially noteworthy has been brought out in this work. Perhaps the best excuse for the publication of such a work is that the subject matter is presented in a rather unique way, a way which leads and stimulates one to observe more and think more when dealing with abnormal mental states.

The illustrations, six in number, are really splendid and quite interesting.

An error which evidently has escaped the proof-reader occurs on page 288. The last word on that page should be "bear" and not "hear."

PROGRESSIVE MEDICINE. Volume XXI, Number 2, June, 1918. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnoses in the Jefferson Medical College; Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College. Lea and Febiger, Publishers, Philadelphia and New York.

The subject of hernia is reviewed by William B. Coley; surgery of the abdomen, exclusive of hernia, is reviewed by Wilensky; gynecology is again reviewed by John G. Clark. The general subject of disorders of nutrition and metabolism, diseases of the glands of internal secretion and diseases of the blood and spleen is discussed in this issue by O. H. Perry Pepper. The concluding review, that of ophthalmology, is again contributed by Edward Jackson.

As has been said so often when commenting on past issues, it can be said again that this volume contains much which should be of unusual interest and importance to physicians in general, especially in these days of strenuous medico-military activity.

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Next Annual Session, Indianapolis, September 25, 26 and 27, 1918

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For one year (term expires December 31, 1918) C. H. Good, Huntington; Miles F. Porter, Fort Wayne. Alternates, C. A. White, Danville, and A. M. Hayden, Evansville. For two years (term expires December 31, 1919) Charles Stoltz, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport.

COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

DISTRICT	TERM EXPIRES
1st—W. R. Davidson, Evansville.....	December 31, 1917
2d—J. B. Maple, Shelburn.....	December 31, 1918
3d—Jos. D. Heitger, Bedford.....	December 31, 1919
4th—W. H. Stemm, North Vernon.....	December 31, 1917
*5th—Joseph H. Weinstein, Terre Haute.....	December 31, 1915
6th—O. J. Gronendyke, Newcastle.....	December 31, 1919

*No election held in 1915.

DISTRICT	TERM EXPIRES
7th—T. B. Eastman, Indianapolis.....	December 31, 1920
8th—G. W. H. Kemper, Muncie.....	December 31, 1918
9th—F. A. Tucker, Noblesville.....	December 31, 1919
10th—E. M. Shanklin, Hammond.....	December 31, 1920
11th—G. G. Eckhart, Marion.....	December 31, 1918
†12th—E. E. Morgan, Fort Wayne.....	December 31, 1916
13th—H. M. Miller, South Bend.....	December 31, 1920

†No election held in 1916.

COMMITTEES

COMMITTEE ON ARRANGEMENTS.—Albert E. Sterne, Chairman, Indianapolis; Thos. J. Dugan, Indianapolis; Thos. B. Eastman, Indianapolis; Harry E. Gabe, Indianapolis; H. G. Hamer, Indianapolis; Harry K. Bonn, Indianapolis; Ada E. Schweitzer, Indianapolis; Louis H. Segar, Indianapolis; Wm. S. Tomlin, Indianapolis; John F. Barnhill, Indianapolis.

COMMITTEE ON SCIENTIFIC WORK.—H. O. Shafer, Rochester; Jane Ketcham, Indianapolis; E. M. Shanklin, Hammond; Chas. N. Combs, ex officio, Terre Haute.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION.—W. N. Wishard, Chairman, Indianapolis; E. M. Shanklin, Hammond; A. L. Marshall, Indianapolis; Burton D. Myers, Bloomington; B. S. Hunt, Winchester; A. M. Hayden, Evansville; F. A. Tucker, Noblesville; F. C. Schortemeier, ex-officio, Indianapolis.

COMMITTEE ON CREDENTIALS.—James H. Taylor, Chairman, Indianapolis; H. J. Pierce, Terre Haute.

COMMITTEE ON NECROLOGY. — G. W. H. Kemper, Muncie.

COMMITTEE ON MEDICAL DEFENSE.—A. E. Sterne, Chairman, Indianapolis; A. C. Kimherlin, Indianapolis.

COMMITTEE ON PUBLICATION.—The Council and A. E. Bulson, Jr., Fort Wayne.

COMMITTEE ON SCIENTIFIC EXHIBIT.—Bernard Erdman, Chairman, Indianapolis; J. D. Sturdevant, Noblesville; H. W. McDonald, New Castle; Miles F. Porter, Jr., Fort Wayne; B. D. Myers, Bloomington; Harry E. Grishaw, Tipton; V. F. Moon, Indianapolis; Wm. A. Thompson, Liberty.

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THE JOURNAL

OF THE

INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

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FORT WAYNE, IND., SEPTEMBER 15, 1918

NUMBER 9

ORIGINAL ARTICLES

EPIDEMIC STREPTOCOCCUS INFECTION OF THE NOSE AND THROAT CLINICALLY CONSIDERED *

W. A. HOLLIS, M.D.
HARTFORD CITY, IND.

McFarland¹ states that there is still an existing uncertainty as to whether or not there are various species of streptococci or only one. Authoritative opinion seems to favor the conclusion that the difference in streptococci inflammation is dependent upon virulence, avenue of entrance, the resistance of the host, and the presence of other micro-organisms.

The plesimorphism of the streptococcus has been studied extensively by Rosenau and others, and their conclusions are that under certain environmental conditions, the streptococcus is the causative agent and occurs in epidemics of diseases that were formerly thought to be due to other causes and specific micro-organisms. Nephritis, endocarditis, meningitis, poliomyelitis, scarlet fever and some of our so-called rheumatism and la grippe cases are examples.

Streptococci, the same as other micro-organisms, normally inhabit the nose and throat of healthy individuals and are perfectly harmless, but under certain conditions these nonhemolytic organisms undergo rapid changes and become of the most virulent pathogenic types.

The writer does not intend to enter into a discussion of the bacteriological status of the streptococcus, but to consider it clinically as it manifests itself epidemically, usually in the spring and fall, for periods varying from four

to eight weeks. These epidemics begin abruptly and end gradually. The infectiousness of these epidemics is most potent during the first three or four weeks. The source of the infection in most cases is hard to determine, except those in which it is transmitted directly from one individual to another, as in members of the same family. It is known, however, that some of our so-called sanitary drinking fountains are responsible to an extent in its spread.

In different severe epidemics, notably that of Rochester, N. Y., Jacksonville, Ill., and New York City, it was traced to the milk supply; the milk being contaminated by hemolytic streptococci due to garget.

Ice cream is considered a most potent factor in the dissemination of the infection. The bacteria live in it and retain their virulency at least three weeks, during which time there is no appreciable diminution in their numbers. Spoons passed from mouth to mouth are seldom more than rinsed in cold water.

The infection usually begins with a sore throat, with or without exudate. The tonsils, while usually the seat of infection, may not be the first attacked. I have seen some of the severest systemic infections in patients who have had all tonsillar tissue removed, and especially in those with low resisting tonsillar scar tissue, due to cauterizations in times past and which should be forgotten and forgiven. I also have observed the bright red patches, with or without exudate, upon the palate and pharyngeal pillars, and the tonsils were apparently not invaded. Systemic manifestations are usually all out of proportion to those of the local.

There are varying degrees of soreness of the throat from a slight unpleasantness in swallowing, with a dry red mucus membrane, to severe tonsillitis with diphtheroid appearance and great difficulty in swallowing. In some clinical

*Read before the Indiana State Medical Association at the Evansville Session, September, 1917.

1. McFarland: Text Book of Bacteriology.

types the exudate may be so extensive that it is only by bacteriological examination that it can be distinguished from a true diphtheria. In fact, it is quite probable that a great many cases diagnosed clinically as diphtheria, and antitoxin administered, are streptococcic. However, this is as it should be, for there is no time to await a bacteriological examination, and while in streptococcus angina no possible good can come out of the administration of diphtheria antitoxin, yet, it can do no harm. In conditions of this kind, therefore, give a large dose early and find out later what you have to deal with. Take no chances.

Capps and Davis² of Chicago made an extensive study of the epidemic of streptococcus sore throat in Jacksonville, in 1914, and that epidemic was fairly typical of similar epidemics in other communities. In all, they investigated 348 cases of sore throat reported between Nov. 29 and Feb. 1, 1914. They state that a definite tonsillitis was reported in 217 cases, with appearance of exudate in 104 instances. In addition to the number of cases of true diphtheria with Klebs-Loeffler bacilli there were 17 cases with exudate so closely resembling diphtheria that antitoxin was administered. The average duration of 200 of their recorded cases was between nine and ten days.

Enlargement of the cervical glands was one of the most constant symptoms, occurring in 192 persons. Among other complications were five cases of peritonsillar abscess and ten of otitis media. Rheumatism of an acute or subacute type was described in sixteen cases, and endocarditis was a complication in six cases.

The infected individuals who consult us during these epidemics have a focal infection and will remain with us only during the active stage of their trouble, that is, if there are no complications in the nature of laryngeal, tracheal, ear or accessory sinus involvement. Most of these cases will be seen by the internist sooner or later, for in the wake of such infections will be adenitis, nephritis, endocarditis, rheumatism, etc. We should make it a part of our routine duty to have it plainly understood that serious sequelae sometimes follow, and the storm is not always passed when the acute symptoms have subsided. I know of no infection that can begin quite so abruptly and end the same, excluding, of course, its complications. Again, there is none more insidious and none that can undermine the system so thoroughly. I have treated

a virulent streptococcus sore throat in the evening and awakened the next morning with one myself, gotten from the patient of the day before.

As compared with staphylococcus infections the suppurations due to streptococci are much more destructive and more rapidly spreading. There is more local destruction and more proneness to generalized infection and septicemia.

Andrews³ pictures very roughly the difference clinically as evidenced by destruction and between the three principal infectious micro-organisms of the mastoid, namely, pneumococci, staphylococci and streptococci.

1. When the mastoid is full of granulations—pneumococci.

2. When the mastoid is full of pus and there is a sharp outline between diseased and healthy tissue and cells are destroyed—staphylococci.

3. When there is marked destruction of tissue and the constitutional symptoms are all out of proportion to the mastoid symptoms—streptococci.

Wohl and Detwiler⁴ of Omaha report that there was cervical adenitis in 50 per cent. of the cases studied by them in 1916; two cases went on to suppuration. Personally, I have not seen abscessed glands as a complication, but have observed softening before absorption which presented all indications that suppuration would be inevitable. Extension upward to the nose, the accessory sinuses and ear; or downward to the larynx, trachea or bronchi frequently follow these infections.

It was formerly thought that micro-organisms did not enter healthy sinuses during life. Such was the belief of Törne (quoting from Skilern) after demonstrating that healthy sinuses of cadavers which had been dead for two hours were without exception sterile. His later researches proved conclusively that such was not the case. Physiologists have proven that the sinuses are aerated during every respiration, and that during these respirations micro-organisms will find their way into and become lodged in the mucosa. If the sinus mucosa is healthy the presence of these foreign bodies stimulate the cilia to greater activity and are expelled.

The sinuses are therefore protected in two ways: (1) By the action of the cilia of the mucosa which continually wave toward the sinus ostium, and (2) by the secretions of the

3. Andrews: Private notes, 1914.

2. Capps and Davis: The Archives of Internal Medicine, Vol. XIV, No. 5.

4. Wohl and Detwiler Interstate Medical Journal, 1916. Vol. XXIII, No. 9.

glands situated in the mucosa which possesses a decided inhibitory power to the further growth of the invading organism.

Both of these conditions must be overcome before infection of the sinuses can occur. This will account for the comparatively infrequent infection of the sinuses as compared with the number of infected, otherwise healthy individuals, during these epidemics. Of course, it must be admitted that sinus infections can and do occur through lymph and blood streams in systemic streptococcus infections, but these are not the class of cases under consideration. In acute exacerbations of chronic sinusitis there is probably a fresh infection.

The chronically infected sinus is not always inhabited by the same species of micro-organism, and very seldom can a pure culture be procured. The type will very often change during the course of the disease. In all the cases I have seen during these epidemics, I do not recall that there was a single acute primary sinusitis in which there was not a history of previous sinus disease.

Three to five separate and distinct micro-organisms can usually be isolated from a culture of pus from an infected sinus. The primary or infective germ may disappear and organisms of secondary infection renew the disease. Skillern⁵ says: "That it is extremely doubtful that sinus affection is set up by direct invasion of pathogenic micro-organisms into healthy sinuses, other things being equal, except in very rare instances. The mucus membrane of the sinus is normally able to withstand the presence of such germs, and expel them through the action of the cilia, and infection results only when their power has become enfeebled or lost through extrinsic causes."

Diseases and conditions which will produce and predispose to sinus diseases in these epidemics are: diphtheria, erysipelas, influenza, scarlet fever, measles, smallpox, tuberculosis, typhoid fever, and syphilis, hypertrophies and hyperplasies of the nasal mucosa; close approximation of the middle turbinate to the lateral wall, and septal deformities.

In the treatment no benefit is to be obtained from the use of bacterins or serums, for the disease runs a short course and is self limited. Complicating sequelae must be dealt with promptly, as indicated, whether they be local or systemic.

In the severer types a terrific strain is thrown

upon the heart and kidneys. Nephritis with scanty urine, almost to suppression, is not uncommon. Dyspnea due to swelling of tonsillar, peritonsillar and glandular tissue in the presence of an intense toxemia is quite frequently an alarming condition. Where this condition is present and the tonsils are displaced because of swelling of adjacent glandular and other tissue, relief will be obtained by dissecting the anterior pillar free from the capsule. The dissection can be carried far in behind and above the tonsil without danger of interfering with the lymphatic defenses. There is no loss of blood if done carefully by blunt dissection, after first incising the plica tonsillaris. This procedure, in my experience, relieves pressure symptoms quite as promptly as the invasion of a peritonsillar abscess. The tonsil forms the keystone of a segment that is so solid it will not yield to the pressure within. I am not sure but that there is also some drainage established for the engorged tissue. I have never seen a mixed infection induced by this procedure. No pus will be encountered, and there is no use to explore for it. I have never yet seen a quinsy in which the mouth could be opened by the patient himself sufficiently wide to permit an examination. Regardless of the amount of swelling and redness these patients can open the mouth. If pus is present the masseter muscle will be involved.

CONVULSIONS.—There are two features which, together, cooperate in producing the symptom which we call a "convulsion." One of these we may call the chemical factor; the other the mechanical. The one, the chemical, acts in producing edema of the brain, which so long as there is a sufficient blood supply shows itself in headache, moderate dilatation of the pupils, and other changes which are suggestive of more serious symptoms which are convulsive depending on the amount of blood that reaches the swollen central nervous system. The amount of blood reaching the brain depends on the difference between the intravenous pressure and the intracerebral pressure. As long as the cerebral swelling is not great enough to bring the difference in intravenous and intracerebral pressure too close to zero a convulsion does not occur. Also as long as the intravenous pressure remains enough above the intracerebral pressure to adequately supply the brain with blood, the convulsion will not occur.—*Journal of Laboratory and Clinical Medicine.*

5. Skillern: Text Book Accessory Sinuses of Nose.



JOSEPH RILUS EASTMAN

President Indiana State Medical Association, 1917-1918



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JANE KETCHAM
SECRETARY MEDICAL SECTION
INDIANAPOLIS

THE INDIANAPOLIS SESSION

The Indiana State Medical Association will hold its annual session in Indianapolis on Wednesday, Thursday and Friday, September 25, 26 and 27, 1918. The members of the Association are well acquainted with the attractions of Indianapolis as a meeting place so that the usual write-up that has characterized other special program numbers of *THE JOURNAL* is unnecessary, even though war time did not make it incumbent upon us to cut out all non-essentials. It is sufficient to say that the meeting place is centrally located and easily reached from every part of the state. That part of the medical profession of Indianapolis that is not in war service will extend a generous welcome to the visiting doctors, and everything consistent with the times will be done to make the visit of the attending members profitable and pleasant.

PLACES AND TIME OF MEETINGS

The Claypool Hotel has been selected as the general headquarters of the Association; there the members will register, and there also will be held all of the meetings of the Association.

On Wednesday afternoon at 5:30 the Council will hold a meeting in the Palm Room. At 7 o'clock on Wednesday evening the first meeting of the House of Delegates will be held in the Palm Room. The second or final meeting of the House of Delegates will be held at the same place at 9 o'clock on Friday morning. The final meeting of the Council will be held in the Palm Room at 2 p. m. on Friday. There will be no meetings of special sections except for the election of officers for the ensuing year. It is expected that these elections will be held on Friday afternoon, though it has been suggested that in the event that there is any confusion concerning this matter, the section officers for this year shall hold office for another year. The general meetings — the only ones scheduled — the smoker on Wednesday evening, and the patriotic rally on Thursday evening will be held in the Assembly Room.

ENTERTAINMENTS

The annual smoker and get-together meeting will be held in the Assembly Room on Wednesday evening at 8 o'clock. In connection with this smoker there will be a Frauenthal film display.

Outside of the smoker there will be no social affairs. The ladies will be welcomed and every

effort put forth to make their stay in the city a pleasant one, but no special entertainments of any kind whatsoever will be given for the visitors. The Committee on Arrangements regrets that it is unable to offer the customary entertainments, but in view of the war and the admonition on every hand to do away with unnecessary effort and expense the committee has deemed it advisable to let this year's session of the Association be one for scientific transactions and the purely business work of the Association.

REGISTRATION

Immediately on arrival at Indianapolis the members of the Association should proceed at once to the registration bureau of the Association which will be located on the 8th floor of the Claypool Hotel. Registration will be by membership card, and to avoid delays and confusion members are urged to have their cards ready for inspection by the registration committee. Badges will be furnished the members for identification. Letters and telegrams may be sent to the Claypool Hotel, in care of the Committee on Registration.

HOTELS

Claypool Hotel, official headquarters, European plan; rates, one person, without bath, \$1.50 to \$3; two persons, \$3 to \$5; rooms with bath, one person, \$2 to \$5; two persons, \$4 to \$8.

Hotel Severin, European plan; rate, \$1.75 and upward per person. All rooms with bath.

Washington Hotel, European plan; rate, \$1.75 to \$3.25 for one person; \$1.25 extra when two persons are in room. All rooms with bath.

Lincoln Hotel, European plan; rate, \$2 and upward per person; two persons in a room \$1 extra. All rooms with bath.

Hotel English, European plan; rates, without bath, \$1; with bath, \$1.50 to \$2.50; two persons in a room, \$1 to \$1.50 extra.

Denison Hotel, European plan; rates, without bath \$1 and \$1.50; with bath, \$1.50 to \$3; two persons to a room, \$1 and \$1.50 extra.

Besides this there are numerous smaller hotels and boarding houses affording good accommodations at reasonable rates. The Committee on Arrangements will assist in securing accommodations if notified in advance.

Members are urged to make reservations at hotels in advance and thus avoid delays and confusion incident to assignment after arrival.

OFFICIAL CALL TO THE HOUSE OF DELEGATES

The next annual session of the Indiana State Medical Association will be held at Indianapolis, Wednesday, Thursday and Friday, September 25, 26 and 27. On the basis of ratio established by the by-laws ("each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof, but each component society which has made its annual report and paid its assessment as provided in this Constitution and By-Laws, shall be entitled to one delegate") there will be a possible 113 delegates, distributed by counties as follows: Marion County, 6; Allen, Vigo and Lake, each 2; the other eighty-three counties, each 1; the thirteen councilors and the president and secretary of the Association and the last three ex-presidents.

County medical society secretaries must see to it that credentials for the delegates are in the hands of Dr. James H. Taylor, Indianapolis, on or before the first called meeting. No delegate will be seated unless wearing the official badge. The House of Delegates will convene promptly at 7 p. m., Wednesday, September 25, in the Palm Room of the Claypool Hotel and again at 9 a. m., Friday, September 27, in the same place.

The order of business will be as follows:

1. Call to order by the president.
2. Roll call and seating of qualified delegates.
3. Reading minutes of previous meeting.
4. Reports of officers: secretary-treasurer.
5. Reports of standing committees: (a) Arrangements; (b) Scientific Work; (c) Public Policy and Legislation; (d) Credentials; (e) Necrology; (f) Medical Defense; (g) Publication; (h) Administration; (i) Scientific Exhibit.
6. Reading of communications.
7. Reading of memorials and resolutions.
8. Unfinished business.

Election of officers will be the first order of business Friday morning at 9 o'clock. In addition to the regular officers, the terms of the following expire Jan. 1, 1919, and their successors must be elected at this session: delegates to the American Medical Association, C. H. Good, Huntington, and Miles F. Porter, Fort Wayne; alternates, C. A. White, Danville, and A. M. Hayden, Evansville.

Delegates from counties comprising the Sec-

ond, Eighth and Eleventh districts are reminded that their Councilors' (Drs. Maple, Kemper and Eckhart) terms will expire. They were elected to serve only until Dec. 31, 1918. As this is the last annual session before the new term begins, it is required that these districts elect councilors for the next three years and present their names at this meeting of the House of Delegates for ratification.

No elections have been held in the following districts: first, fourth and twelfth. As the councilors for these districts were not chosen at the proper time, delegates should come prepared to make nominations, as the House of Delegates has the power to fill vacancies among the councilors.

Other important business will come before this session of the House of Delegates.

The first meeting of the Council will be held at 5:30 p. m., Wednesday, September 25, in the Palm Room of the Claypool Hotel. The next meeting will be held at 2 p. m., Friday, September 27, in the same place. Additional meetings may be held at the call of the chairman of the Council.

ANNOUNCEMENT OF THE COMMITTEE ON CREDENTIALS

*Members of the House of Delegates,
Indiana State Medical Association.*

GENTLEMEN:—It is a law of the Association that the credentials of delegates shall be in the hands of the Committee on Credentials before the first day of the annual session. This is for the purpose of preventing confusion and saving time that should be occupied otherwise in the business of the House of Delegates.

It is hoped that the secretaries of the county medical societies will see that this law is observed, and that in the interval between the publication of this report and the first day of the Indianapolis session those who have not already done so will forward the names of their delegates.

JAMES H. TAYLOR, Indianapolis,
Chairman of Committee on Credentials.

ANNOUNCEMENT OF COMMITTEE ON SCIENTIFIC WORK

It is considered desirable to admonish essayists and discussants to be brief and to keep within their subjects; furthermore, to be prompt to the end that the program may be completed duly. The committee also wishes

herewith to call attention to the importance of communication between essayists and their discussants previous to the session. If possible, copies of papers should be submitted to the appointed discussants. The presentation of illustrative cases will add much to the value of the essays.

Very respectfully,

H. O. SHAFER, Chairman.

JANE KETCHAM.

E. M. SHANKLIN.

CHAS. N. COMBS, *ex officio*.

ANNOUNCEMENTS

Essayists are reminded that all papers presented before the Association become the property of the Association, and, therefore, are not to be published or submitted for publication elsewhere than in *THE JOURNAL* of the Indiana State Medical Association.

The members and those accompanying them are requested to register on their arrival. The bureau of information and registration is on the eighth floor of the Claypool Hotel. Present your membership cards when registering. Members without their cards may register after their standing has been verified by consulting the records.

The election of officers will be the first order of business at the meeting of the House of Delegates held in the Palm Room, Friday at 9 a. m. No member of the House of Delegates is eligible to office, and delegates to the American Medical Association must have been members in good standing of the A. M. A. for the past two years.

You are requested to wear the official badge which is supplied when you register when attending or participating in the meetings. Members of the House of Delegates will have designating badges. Only those who are accredited delegates are entitled to vote at the meetings of the House of Delegates, or even to address the House of Delegates without special permission.

The Interstate Association of Anesthetists holds its annual session in Indianapolis at the same time that the Indiana Medical Association is in session. The Committee on Scientific Program has accepted an invitation to hold a joint session, and accordingly the general meeting on Thursday afternoon will be in connection with the meeting of the Interstate Association of Anesthetists. An interesting program is offered.

Essayists should bear in mind that their papers as presented at the Indianapolis session represent copy for *THE JOURNAL*, and accordingly the title and full name and address of the essayist should appear at the top of the manuscript, and the body of the manu-

script should be carefully edited. Attention to paragraphing, punctuation, capitalization, and grammatical construction of sentences will go a long way toward helping the editor and the printers. All manuscripts should be typewritten.

Members are reminded that this session will be devoted largely to war activities. Major John D. McLean has been designated by the authorities at Washington to represent the Council of National Defense at the Indianapolis session, and he will deliver an address which will touch on the different phases of war work in the Medical Reserve Corps and the Volunteer Medical Service Corps. Governor James P. Goodrich also will deliver an address on "Indiana in the War"; Capt. John R. Newcomb, representing the Surgeon-General's Office, will deliver an address on "The Medical Staff in War Time"; and Dr. G. W. H. Kemper will talk on "The Surgeon in the Civil War." These addresses will constitute the patriotic rally to be held in the Assembly Room on Thursday evening at 8 o'clock.

CONDENSED PROGRAM

Wednesday, September 25

AFTERNOON

Meeting of the Council at 5:30 p. m., in the Palm Room.

EVENING

Meeting of the House of Delegates, 7 o'clock, Palm Room.

Informal smoker and Frauenthal film display, 8 o'clock, Assembly Room.

Thursday, September 26

FORENOON

General Meeting, 8:30 a. m., Assembly Room.
No section meetings.

AFTERNOON

Joint meeting with the Interstate Association of Anesthetists, 2 p. m., Assembly Room.
No section meetings.

EVENING

Patriotic Rally, 8 p. m., Assembly Room.

Friday, September 27

FORENOON

General meeting, 8:30 a. m., Assembly Room.
Meeting of House of Delegates, 9 a. m., Palm Room.
No section meetings.

AFTERNOON

General meeting, 2 p. m., Assembly Room.
Meeting of the Council, 2 p. m., Palm Room.

No section meetings, unless specially called for the election of officers for the ensuing year. In case of no election the officers of this year will continue for another year.

OFFICIAL PROGRAM OF THE INDIANA STATE MEDICAL ASSOCIATION

TO BE HELD AT INDIANAPOLIS,
SEPTEMBER 25, 26, 27, 1918

HOUSE OF DELEGATES

First meeting, Palm Room, Wednesday evening, September 25, at 7 p. m.

Second meeting, Palm Room, Friday morning, September 27, 9 a. m.

COUNCIL

First meeting, Palm Room, Wednesday, September 25, at 5:30 p. m.

Second meeting, Palm Room, Friday, September 27, 2 p. m. Additional meetings are at the call of the President of the Council.

GENERAL MEETINGS

(ASSEMBLY ROOM—CLAYPOOL HOTEL)

Thursday, September 26, 8:30 a. m.

Thursday, September 26, 2 p. m. (Joint meeting with Interstate Association of Anesthetists.)

Thursday, September 26, 8 p. m. (Patriotic Rally).

Friday, September 27, 8:30 a. m.

Friday, September 27, 2 p. m.

SECTION MEETINGS

No section meetings unless especially called for the election of officers for the ensuing year. In case of no election the officers of this year will continue for another year.

ENTERTAINMENTS

Wednesday, September 25, 8 p. m., smoker and Frauenthal film display, Assembly Room.

SCIENTIFIC PROGRAM

GENERAL MEETINGS

(ASSEMBLY ROOM—CLAYPOOL HOTEL)

Thursday, 8:30 to 11 a. m.

Organization.

Address of Welcome.

Address of President, DR. JOSEPH RILUS EASTMAN, Indianapolis.

PAPERS

1. DR. GEORGE W. BOND, Indianapolis.

Subject: The Soldier's Heart.

Abstract.—In the examination of recruits for the different branches of our army the cardiovascular system has presented many interesting phases. The examiner's viewpoint is widely different from that which he would have in the same case in civil practice. It is becoming more and more evident that no one cardiovascular symptom or sign is sufficient to warrant a conclusion, but that the entire physical and mental makeup of the individual must be considered.

A new set of standards from those we are accustomed to using are necessary to judge a man's heart fit or unfit to undergo the stresses of warfare. To understand better what these standards are it is necessary to know the kinds of cardiac disturbance that are produced in the present war. It is the plan of this paper to review the types of cardiovascular disorders seen in the allied armies during their four years' experience. From these facts we can point out the early indications of these conditions, which should be looked for before the recruit enters the service.

2. DR. ALBERT E. BULSON, JR., Fort Wayne.

Subject: Syphilis as It Pertains to the Eye.

Abstract.—Prenatal infections and virulency play a very prominent rôle. Symptoms and manifestations in the patient or in the family of the patient which lead to a suspicion of syphilis. Fifty to sixty per cent. of all eye affections due to syphilis.

Inherited and acquired types: Argyll Robertson pupil and its associated symptoms, interstitial keratitis, iritis, choroiditis, retinitis, paralysis of one or more extrinsic muscles of the eyeball.

The diagnosis of ocular syphilis through definite clinical manifestations and by positive Wassermann or both.

Treatment briefly considered.

3. DR. HUGH T. PATRICK, Chicago.

Subject: War Neuroses.

Abstract.—War neuroses do not constitute a pathological nor even a clinical entity. The neuroses of war are no fundamental factor or attribute different from the neuroses of peace and of civil life. The new factors introduced are principally the huge number of men exposed to influences which bring about neuroses and the unusual intensity and violence of these influences. The psychogenesis is the same, the modes of reaction are the same. War neuroses, like all neuroses, are essentially psychic in origin. Brief sketch of the psychogenesis, symptomatology, prognosis and treatment.

4. LIEUT. CHARLES BEALL, Camp Pike.

Subject: Cerebrospinal Meningitis (Epidemic).

Leaders in discussion: Dr. C. F. Neu, Dr. John A. MacDonald, Indianapolis.

Abstract.—The pathogenesis of the disease is briefly discussed. Transmission by carriers. Control of disease in civil life. Emphasis is laid on importance of recognition of early clinical symptoms. Classical symptoms are late symptoms. Lumbar puncture warranted on suspicion. Characteristics of spinal fluid. Clear fluid does not exclude the disease. Technic of serum therapy. Results of early treatment.

5. DR. H. O. MERTZ, LaPorte.

Subject: The Significance of Blood in the Urine.

Leaders in discussion: Dr. W. N. Wishard, Dr. M. J. Barry, Indianapolis.

Abstract.—The significance of blood in the urine need not depend on the amount of hemorrhage present, as the persistence of an occasional microscopical red cell may be caused by a grave pathologic process, or a rather copious hemorrhage may be associated with a transient, benign condition. This being true, in every case of blood in the urine careful effort

should be made to determine the source of the bleeding and, of more importance, its cause. Often only by a most extensive investigation can this be accomplished, enabling an accurate estimation of its significance. The problem, then, is one of diagnosis, not one of treatment, trying to stop the bleeding; and as a hematuria is in many grave lesions, an early symptom when remedial measures may still be of avail, a most thorough diagnosis is demanded in all cases.

Thursday, 2. p. m.

(Joint meeting with the Interstate Association of Anesthetists)

- 1 DR. E. I. McKESSON, Toledo (Chairman's Address).
Subject: Nitrous Oxid Analgesia and Anesthesia in Labor.
2. DR. WILLIS D. GATCH, Indianapolis.
Subject: Anesthesia in the Curriculum and Clinic.
3. DR. FRANK R. STARKEY, Detroit.
Subject: Ether Hypnosis in Psychotherapy.
4. DR. WALTER E. SAVAGE, Cincinnati.
Subject: Etherization in the Therapy of Tuberculosis.
5. DR. JOHN OSBORNE POLAK, Brooklyn.
Subject: A Clinical Study of Blood Pressure, Pulse Pressure, and Hemoglobin in Post-operative Shock, Hemorrhage and Cardiac Dilatation.
- 6 DR. CHARLES C. COTTON, Elwood.
Subject: Focal Infections.

Abstract.—Obvious illustrations are gonococcus arthritis, glandular fever with seat in cervical glands, foci in tonsils. Focal infection is broader than surgical sepsis. The wide discussion concerning it has made it appear as a new principle.

Acute diseases related to focal infection enumerated by Billings are: Acute rheumatic fever, rheumatic endocarditis, myocarditis and pericarditis, chorea, acute systemic gonococcus infection, malignant endocarditis, acute nephritis, acute appendicitis, cholecystitis, acute gastric and duodenal ulcer, acute pancreatitis, erythema nodosum herpes, spinal myelitis, acute osteomyelitis, thyroiditis, iridocyclitis.

Chronic diseases related to focal infection are: Chronic infectious arthritis, chronic infectious nephritis, chronic cholecystitis, chronic peptic ulcer, chronic infectious endocarditis.

Infectious origin and location of foci are proved by histologic and bacteriologic studies together with animal inoculation.

Site of the focus turns out to be largely oral and nasal, a majority of the infection coming from pyorrhea dentalis and alveolar abscess, acute and chronic tonsillitis and obstructed nasal cavities.

Treatment: The focus should be disinfected or removed. Doctors should study Riggs' disease. The offices of general practitioners should be equipped with a nose and throat department for at least diagnosing deviated septums and other obvious curable disabilities.

After the disease has been properly diagnosed the bacterial cause should be determined and an autogenous or stock bacterin prepared or selected. Proper medication should be used, prophylaxis taught and advised, but above all, nose and throat examinations should be made.

Thursday, 8 p. m.

Address of Welcome, DR. JOSEPH RILUS EASTMAN, President.

Address: GOVERNOR JAMES P. GOODRICH.

Subject: Indiana in the War.

Address: MAJOR JOHN D. McLEAN, Council of National Defense.

Subject: The Medical Reserve Corps and the Volunteer Medical Service Corps.

Address: CAPT. JOHN R. NEWCOMB, representing the Surgeon-General's Office.

Subject: The Medical Staff in War Time.

Address: DR. G. W. H. KEMPER, Muncie.

Subject: The Surgeon in the Civil War.

Friday, 8:30 a. m.

1. DR. H. H. WHEELER, Indianapolis.

Subject: Study of the Anus, Rectum and Sigmoid.

Abstract.—The anus, rectum and sigmoid consists of the terminal 25 inches of the large intestine. Acts as a repository for effete matter with defecation taking place partially through siphonage. This repository chamber is controlled by three sphincters, each having a definite relation to different types of constipation.

The anorectal line differentiates the course of the blood supply, lymphatic current and nerve distribution. The rectosigmoidal junction is important from the point of retention of effete matter and also is the site which is most frequently involved in carcinoma. spastic constipation and incompetent ileocecal valve are often the result of disturbance in the lower bowel which hinders a complete evacuation of the bowel.

2. DR. C. F. FLEMING, Elkhart.

Subject: Ano-Rectal Fistula.

Leaders in discussion: Dr. Foreman, Indianapolis, Dr. C. C. Terry, South Bend.

Abstract.—I wish to emphasize a few points in regard to the anatomy of this region; to discuss the question of diagnosis, particularly with reference to the location of the internal opening of these fistulae; to make some suggestions in regard to prophylaxis and treatment of fistulae.

3. DR. ADA SCHWEITZER, Indianapolis.

Subject: Infant Conservation.

Abstract.—Statistics quoted from National and State authorities showing need of consideration. Example of England and France in multiplying infant welfare stations since the outbreak of the war.

Multiplicity of agencies already at work indicates general interest. There is need, however, for organization and centralization of effort.

Effective infant conservation will depend primarily on the care the infant receives and includes considerations of heredity, prenatal care, care at birth and all conditions affecting postnatal and infant care.

As means of securing proper care we suggest:

(a) Special education and training of doctors, nurses, teachers, parents and children, each concerning the phase of the work in which he may best aid.

(b) The provision of adequate service; medical, nursing and hospital facilities available to all.

The administration of this division of public health work by special departments established in State boards of health.

A nation-wide adaptation of the statistics and suggestions furnished by our National Clearing House, the Children's Bureau, U. S. Department of Labor, in the formulation of plans for this work, that the most practical and efficient organization may be accomplished with the least waste of money, energy and time.

4. DR. CHARLES O. MCCORMICK, Indianapolis.

Subject: A Plea for Prenatal Care.

Abstract.—Infant mortality after the first month of life is decreasing, while that before the first month is increasing. This mortality the first weeks cannot be reduced by postnatal measures. Thirty per cent. of all pregnancies show some abnormality. "Child-bearing is a normal function dangerous to the public health." Maternal mortality has not been reduced for a quarter of a century. Prenatal care reduces infant mortality the first year 50 per cent., produces a still greater saving among the mothers, produces healthier and larger babies and a sturdier race. Pregnancy should be reported to the public health authorities. The present war has focussed attention upon the infant, one of its earliest achievements.

5. DR. M. A. AUSTIN, Anderson.

Subject: Industrial Clinics and Welfare Work as an Industrial Asset.

Leaders in discussion: Dr. Frank Wynn, Indianapolis, Dr. M. F. Howat, Hammond.

Abstract.—Not until recently has there been any apparent necessity for the conservation of American man power. Comparatively few industries have realized the value of selecting the task to fit the man. The near future will see every industry of any pretension having an Industrial Clinic capable of not only taking care of the accidents that may happen, but more important than this, have constant supervision of the health and work of the employees. Complete physical records of every employee is but the first step to an educational campaign of preventive medicine. The problem of the crippled soldier is of no greater importance than the utilization of the subnormal or physically imperfect employee, that must be utilized in the present war emergency.

6. DR. A. L. MARSHALL, Indianapolis.

Subject: What the General Practitioner May, May Not, and Must Do in Eye Conditions.

Abstract.—Purpose of this paper is primarily to awaken a more extended interest in ophthalmic knowledge among general practitioners. A physician, unless he have special training, may not continue to treat those eye conditions which show a progressive loss of vision, as he is probably dealing with grave conditions.

He may not treat so-called neuralgia of the eye.

He may not tell parents that squints in young children cannot be treated until the child is older.

He may do his own refractions under certain limitations.

He may do surgery of the lids and conjunctiva.

He must treat conjunctivitis, and especially that of gonorrheal origin.

He must attain a certain proficiency in the use of the ophthalmoscope.

Friday, 2 p. m.

1. DR. HUGO PANTZER, Indianapolis.

Subject: Infection and Toxemia in Relation to Glandular Organs.

2. DR. GOETHE LINK, Indianapolis.

Subject: Preliminary Thyroid Operation.

3. DR. H. K. BONN, Indianapolis.

Subject: Malignant Growths of the Thyroid.

Abstract.—Infrequency of cures, by either operative or nonoperative methods. Recklinhausen's theory as to the marked frequency of bone metastases. The peculiar faculty of malignant thyroid cells for retaining their physiologic properties. Langhans' classification of thyroid epitheliomata. Peculiarities of origin and metastatic formation of thyroid epitheliomata. Report of a case of a rare type of malignant thyroid growth. Result of treatment by a combination of operation, use of radium and roentgen-ray treatment. Pathologic report. Plea for early diagnosis and operation.

4. DR. T. C. KENNEDY, Indianapolis.

Subject: Present Status of Radium Therapy.

Leaders in discussion: Dr. Miles F. Porter, Fort Wayne, Dr. A. C. Kimberlin, Indianapolis.

Abstract.—Great advance has been made in the technic of radium therapy. Radium is now known to be of positive value in treatment of both benign and malignant diseases. With many surgeons it is now the treatment of choice in dealing with fibroid tumors.

In cancer of the uterus it is of definite value as it almost invariably stops the discharge, checks the hemorrhage, and lessens or entirely relieves the pain.

Notwithstanding the skepticism with which it has been met by the profession and the reluctance with which it has been recommended, we are able to report a number of cases in which a clinical cure has been effected. Each one of these cases had been pronounced inoperable and hopeless by our surgeons.

Every case of cancer of the breast we have seen has been strongly urged to be operated, and we have only treated those cases who positively refused operation. Two of these cases are well more than two years after the treatment and several for a lesser length of time.

A large percentage of the epitheliomas are cured and the cosmetic effect is much better than is possible with surgery.

Statistics and reports of cases will be given.

REPORT OF COMMITTEE ON ADMINISTRATION

To the House of Delegates, Indiana State Medical Association.

Gentlemen: The work of the Committee for the year 1917-18 has been concerned chiefly in supervising the war activities of the Association conducted through the executive secretary's office. In view of the emergency, other matters have been subordinated to meet the government's wishes in organizing the profession of the state on a war basis. We undertook to discharge this complex and difficult task on invitation of the State Committee, medical section, Council of

National Defense. Acting in the emergency under authority vested by you in this Committee, we have assumed expenses for printing, postage, telegrams, etc., for the purpose of carrying on this work, amounting in all to \$214.29 thus far. The State Council of Defense has assured us that we would be reimbursed from a state fund available for promoting these activities. Should there be any delay or difficulty in getting this money from the state, your committee is disposed to recommend that the burden be borne by the Society, thankful not merely for the opportunity of performing this important labor but of contributing this sum to the cause of our common country.

On May 7 patriotic rallies were held by medical men in a majority of the counties of the state. Since that time, by means of organized publicity through the lay press and letters to county chairmen and secretaries of both the National and State Councils of Defense, through the secretaries of county medical societies and every other available source, the executive secretary has endeavored to enroll every member of the profession either in the Medical Reserve Corps or in the Volunteer Medical Service Corps. Results thus far achieved are highly creditable to the profession and show that Indiana doctors, in this greatest world crisis, are willing to sacrifice as no other class and ready to perform their full duty to our country.

Our financial statement for the year follows:

RECEIPTS

Balance in fund at last published report, Aug. 1, 1917.....	\$ 391.94
Voluntary assessment from county societies	27.00
Received from Dr. C. N. Combs, treasurer	1,481.73
2,367 members Aug. 1, 1918, at \$4..	9,468.00
Total.....	\$11,368.67

DISBURSEMENTS

Compensation executive secretary..	\$ 900.00
Stenographic help	740.75
Office rent	487.50
Office supplies	67.28
Office printing	315.94
Stamps	289.00
Telephone and telegrams.....	109.66
Light service	8.08
Clipping service	21.61
Cash by executive secretary.....	35.50
Councillor's expenses	16.77
Medical defense fund, 1,789 members (see report Committee on Medical Defense).....	1,341.75
Journal subscriptions, 1,789 members, at 75c, to Editor, Journal..	1,341.75
Total.....	\$ 5,675.59
Balance on hand Aug. 1, 1918.....	5,693.08

Respectfully submitted.

FRANK B. WYNNE, Chairman.

REPORT OF COMMITTEE ON
ARRANGEMENTS

House of Delegates, Indiana State Medical Association.

Gentlemen: In view of the war and the fact that our session this year will be devoted largely to war activities, your committee has decided to omit to a great extent all entertainment features from the program. On the opening night, Wednesday, September 25, there will be held the annual smoker and get-together meeting in the assembly room of the Claypool Hotel. Outside of this there will be no social affairs. The ladies will be welcomed and every effort put forth to make their stay in the city a pleasant one.

The meetings of the House of Delegates and the Council will be held in the Palm Room of the Claypool Hotel, and all general meetings will be held in the Assembly Room on the eighth floor. This hotel will be the official headquarters of the Association.

Your committee feels that the character of the program prepared will more than offset the absence of the usual entertainment features, and in view of the nation's vast war activities touching especially the members of our profession, it is believed that every doctor in the state will wish to hear the message which will be brought to Indiana by Major John D. McLean, who will represent the Council of National Defense, and will touch on the different phases of war work in the Medical Reserve Corps and the Volunteer Medical Service Corps.

The city and its various organizations join in extending a cordial welcome to all visiting doctors.

Respectfully submitted.

ALBERT E. STERNE, Chairman.

REPORT OF COMMITTEE ON
SCIENTIFIC WORK

House of Delegates, Indiana State Medical Association.

Gentlemen: The program offered for this session constitutes the report from your Committee on Scientific Work.

Respectfully submitted.

H. O. SHAFER, Chairman.

REPORT OF COMMITTEE ON
MEDICAL DEFENSE

To the House of Delegates, Indiana State Medical Association.

Gentlemen: The condition of the affairs of this committee continue satisfactory both in financial matters and in results obtained. There is one important case pending in the Knox Circuit Court which involves malpractice, where the plaintiff had received compensation under the workmen's compensation law of the State of Indiana after he knew his true condition.

The following is the status of all cases from Aug. 1, 1917, to Aug. 1, 1918: Cases dismissed, 2; discontinued, 2; cases pending, 6.

In addition to the balance on hand Aug. 16, 1918, as shown in the attached statement, there is owing to the fund \$436.50, the amount due for 582 members at 75 cents each.

FINANCIAL STATEMENT

RECEIPTS

Balance in fund at last published report (Aug. 16, 1917).....	\$5,697.95
Received from Dr. Combs.....	1,370.25
Interest on savings deposit.....	149.91
Total.....	\$7,218.11

DISBURSEMENTS

Compensation of General Counsel.....	\$ 360.00
Bond of Chairman.....	15.00
Transfer	50.00
Drs. Funk and Edward case.....	169.00
Drs. Sutherland and Fargher case.....	217.37
Drs. Corbin and Funk case.....	50.00
Dr. Yung case	25.00
Dr. Copeland case	2.20

Total.....	\$ 888.57
Balance on hand Aug. 16, 1918.....	6,329.54

Respectfully submitted.

ALBERT E. STERNE, Chairman.

REPORT OF COMMITTEE ON
NECROLOGY

House of Delegates, Indiana State Medical Association.

Gentlemen: From Aug. 1, 1917 to July 31, 1918, 118 physicians of Indiana have passed away by death. Their names and date of death have been properly recorded in THE JOURNAL of the Indiana State Medical Association.

I must mention one name. Dr. Luther D. Waterman of Indianapolis died June 30, 1918, at the age of 87 years. He was president of the Indiana State Medical Society in 1878, and at the time of his death was the oldest ex-president of the State Medical Society.

G. W. H. KEMPER, Chairman.

REPORT OF COMMITTEE ON PUBLIC
POLICY AND LEGISLATION

To the House of Delegates, Indiana State Medical Association.

Gentlemen: The Committee on Public Policy and Legislation begs to submit the following report for 1917-18:

Your committee has been chiefly concerned during the past year in taking steps to defend our medical law at the coming session of the Legislature by pointing out to prospective legislators the fairness of our present educational standards and the injustice of adopting class legislation to permit one group of practitioners to treat the sick under a lower or different standard than that required for any other.

A series of letters was sent out before the primary to all county secretaries and chairmen of legislative committees, who were requested to get into personal touch with the candidates and to report on their attitude toward medical legislation. A majority of the counties responded, although only about one-third acted on our request that legislative committees be appointed, or at least only that number notified your Committee that such action had been taken. Forms

were sent into each county and the various candidates were asked not to bind themselves in any way, but merely to express their attitude toward our present medical standard. The form follows:

"I am in favor of a high standard of educational qualifications for those who treat the sick, and, if nominated and elected to the Legislature, I will at all times oppose lowering the standard of educational requirements and also will oppose giving any class of practitioners a license under a lower or different educational standard than any other class."

Following the primary, letters were sent to each nominee for both Senate and House asking that, if elected, he would exert every effort to defend our present medical law and would not favor class legislation for the sole benefit of commercialized schools. These letters met a most gratifying response, many of the nominees pledging themselves to support no measure which would in any way lower the present standard.

We are depending on a personal campaign bringing pressure to bear through visits of family physicians and a series of letters explaining our position, many of which already have gone out. We expect to pursue this course throughout the coming session. We shall be confronted with the same situation that faced us during the last Legislature, when about thirty bills were introduced aimed at the medical profession and our Association. One of the most persistently urged bills was that introduced by the chiropractors to obtain a special state board to license their members, a bill which was pushed throughout the session.

This bill was entitled "An act authorizing and regulating the practice of chiropractic in the State of Indiana, creating a state board of chiropractic examiners, prescribing its powers and duties, providing penalties for violations of this act, repealing all laws and parts of laws in conflict herewith." The bill was manifestly unfair, as it provided for a special licensing board which was bound by absolutely no preliminary educational requirements and which would work independently of our present State Board. The bill was a piece of class legislation of the most pernicious type, as it endeavored to obtain a standard for a certain class of practitioners much lower than that which our present law requires for every other class. Your committee has at no time endeavored to fight the chiropractors, but has only insisted that members of this cult should not be permitted to treat the sick without meeting the same educational requirements, both preliminary and professional, that are provided for all others who would practice the healing art.

This measure probably will be introduced at the coming session in substantially the same form as the obnoxious House Bill 154. The chiropractors, through their paid attorney and publicity man, have been conducting a vigorous campaign preparatory to renewing their fight for this measure. You will recall that the chiropractors were only defeated at the last session after a vigorous contest, and your Committee recommends that steps be taken immediately to meet their efforts prior to the convening of the General Assembly. War activities, important and pressing as they are, should not cause us to relax our vigilance in defending our medical law, and we urge most strongly that existing county legislative committees begin at once their campaign of personal visits. Those counties which have failed to name such committees

should not delay doing so, and your Committee should be notified of such action.

A résumé of the results of the primary shows that twenty-one members of the House who assisted us at the last session have been renominated. These men should have our heartiest support at the election. Two of our friends were defeated for renomination, one of them, fortunately, being succeeded by a doctor. Of those who sustained the efforts of the chiropractors, thirteen were renominated and five defeated. One of our supporters and two opposing the interests of the profession have been nominated for the Senate. Those who upheld our medical law during the fight at the last session and who, we believe, will again cooperate with us, are, in addition to Dr. H. G. Read of Tipton, chairman of the Committee on Public Health:

Republicans

Baker, William H., Greene.
 Buller, Oliver, Grant.
 Eschbach, Jesse E., Kosciusko.
 Harris, J. Glenn, Lake.
 Hoffman, John H., Noble.
 Johnson, Charles A., Grant.
 Kessler, Ira A., Miami.
 Kimmel, Frank, Tippecanoe.
 Lafuze, Oliver P., Wayne and Union.
 McGonagle, C. A., Delaware.
 Mendenhall, C. L., Hendricks.
 Miltenberger, J. D., Delaware.
 Symons, Luther F., Henry.
 Vesey, Dick M., Allen.
 Wineburg, John W., Wabash.
 Yoder, Jonathan S., Elkhart.

Democrats

Axby, J. Leonard, Dearborn and Ohio.
 Curry, David N., Sullivan.
 Eisterhold, Eugene J., Vanderburgh.
 Harmon, Harvey, Gibson.
 Our friends who were defeated were Thomas P. Hessong, Republican, Morgan, and Robert B. Hougham, Democrat, Johnson. Hougham, however, was succeeded by Dr. James A. Craig of Greenwood.
 Those of our opponents who have been renominated are:

Republicans

Behmer, Walter J., Cass.
 Day, James I., Lake.
 Green, Burton, Fulton and Miami.
 Jinnett, William R., Rush.
 Southard, James E., Laporte.
 Swain, William M., Madison.
 Wood, William L., Jasper, Newton and Benton.
 Wright, Frank E., Randolph.
 Wright, Frank, Clay.

Democrats

Burt, Amos H., Clark.
 O'Leary, Patrick, Vigo.
 Walker, Joseph W., Adams.
 Grube, Cleve H., DeKalb.
 Those who opposed us last year and who suffered defeat at the primary are:

Republicans

Miller, Newton T., Howard.
 Davis, Chester A., Jay.
 Myers, Artemus H., Hamilton.

Democrats

Bonham, John M., Wells and Blackford.
 Bayer, George A., Perry and Spencer.
 Luke M. Duffey, Republican, Marion County, one of our friends, has been nominated for the Senate, while John S. Alldredge, Republican, Madison County, and George Y. Hepler, Democrat, St. Joseph County, who opposed us last year, have been nominated for the upper House.

As you will recall, while we were able to prevent the passage of any bill at the last session inimical to the interests of the profession, we were unable to obtain any positive legislation which we desired. We hope this time that we may be able to find sufficient support to effect the passage of certain measures which will strengthen our present medical law.

The workmen's compensation law, your Committee believes, has proved generally satisfactory, and the State Industrial Board deserves our thanks for the fairness and promptness shown in handling appeals made to it by members of our Association.

Other measures for the best interests of the profession will be taken up by your Committee within the next two months.

Respectfully submitted.

W. N. WISHARD, Chairman.

PROGRESS IN CHINA.—The usual missionary program, with its threefold emphasis on education, medicine and religious teaching, is in China the agent of reconstructing whole communities and of creating a new type of life. In hundreds of cities and villages today these effects are evident: an increase of general intelligence; a greater capacity on the part of young men and women to support themselves well, due to the training obtained in church and school; a decrease of prevalent diseases; cleaner and more beautiful homes; a new appreciation of the dignity of womanhood; a deeper interest on the part of the community in the welfare of the defectives and of the poor; the breaking down of fixed and hardened social customs and a greater ambition and zest to life on the part of young men and women; a new spirit of unity and cooperation in the Christian community; the breaking down of the bondage of demonology and a release of high spiritual hopes and aspirations. While all these effects are not evident in every community, they are the obvious effects of Christian missions in China.—J. S. Burges, *The Survey*.

THE JOURNAL
OF THE
INDIANA STATE MEDICAL ASSOCIATION

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

SEPTEMBER 15, 1918

EDITORIALS

OUR PRESIDENT

Dr. Joseph Rilus Eastman, president of the Indiana State Medical Association, was born in Indianapolis, April 18, 1871, the son of Joseph and Mary Katherine Barker Eastman. He received the B.Sc. degree in 1891, and the A.M. degree in 1904 from Wabash College. He received his M.D. at the University of Berlin in 1897. After taking a special course at Princeton University for a year, he visited the principal universities of America and Europe, studying surgery.

Dr. Eastman has been a surgeon on the staff of the Indianapolis City Hospital since 1900 and professor of surgery at the Indiana University School of Medicine since 1909. He was chief of the American National Red Cross hospital at Vienna before the declaration of war by the United States.

Dr. Eastman has been active in various war measures and is a member of the Medical Reserve Corps and of the General Medical Board of the Council of National Defense. He is chairman of the state committee, medical section, Council of National Defense, and aide to the Governor in military matters connected with conscription. Dr. Eastman has been a delegate from Indiana to the American Medical Association since 1912, and was awarded a diploma of honor at the Minneapolis meeting in 1913 for the exhibit of surgical pathology.

The reputation which Dr. Eastman has established is international. He addressed the Clinical Congress of Surgeons in London on the cleft palate in July, 1914. He is a fellow of the American College of Surgeons and was a founder and governor of this organization. He is a member of the Western Surgical Association and was its president in 1913-14. Besides his membership in the Indiana State and American Medical Associations, he belongs to the American Urological Association.

Dr. Eastman is a member of the Sigma Chi, Phi Rho Sigma and Sigma Xi fraternities, is a Mason and a member of the Episcopal Church. He belongs to the University, Indianapolis Literary and Contemporary clubs. Dr. Eastman is most widely known for his original work in surgical pathology and he has devised many new surgical procedures and instruments.

A WAR-TIME COUNCIL

In the past eighteen months the antituberculosis organizations throughout the United States have witnessed a remarkably rapid development in the problems with which they are confronted. The entrance of this country into the European War, with the subsequent conscription bill, followed by the examination of millions of men, and the mobilization of a new army, has brought and is bringing every day new difficulties to those fighting this disease.

For example, the mere physical examination by local exemption boards of the men thus summoned will, no doubt, when accurate figures are available, bring to light tens of thousands of new cases of tuberculosis hitherto unsuspected. The examination of the 10,000,000 men registered on June 5, 1917, will doubtless double and perhaps even quadruple the tuberculosis work of every agency in the United States engaged in the preventive movement. Then, again, during the first thirty days of mobilization of the new army, in its many cantonments, there were many thousand additional cases weeded out as unfit for military service because of tuberculosis in a more or less serious degree; and these discharges are increasing all the time.

Another procession of men will be returned from camp after they have been enrolled for regular army service, but before they are sent overseas, having broken down under the rigors of camp life.

Still another procession will come back to us from France, where the inevitable breakdown of the last walls of resistance will discover tuberculosis in some of our fighting men, no matter what precautions may have been taken to discover the presence of the disease before they went abroad.

The facilities for the prevention and control of tuberculosis in this country in normal times are and have been notoriously lacking. Hardly one hospital bed for every ten indigent patients who should occupy it is the figure in ordinary

times. Today, it is safe to say, there are twenty men clamoring for every hospital bed that could be provided, and tomorrow the figure will be doubled.

What the antituberculosis forces of the United States are going to do about the situation will be discussed at the Mississippi Valley Conference on Tuberculosis which will be held at Planters Hotel, St. Louis, Mo., October 2-4. This will be a war council, bringing together men and women to consider the most vital interest of our country, its national health, and to discuss ways and means for the conservation of that without which no army can fight.

While in one sense it may be said that the war has created new problems, in another very real sense these problems are not new, but rather are old problems that have existed in antituberculosis work for many years, and are now intensified by new conditions.

The need is not so much for new machinery as for more of the weapons which have been found most efficacious in defeating the disease. If, for example, there has been in the past an acute need for hospital beds, this year the need is still more acute. If there has been a demand for visiting nurses, we need more of them than ever before. If dispensaries have been lacking, the lack will be more painfully evidenced during the next year or so than heretofore. If vital statistics have been faulty, the necessity for making them accurate is all the more pressing. Every problem that antituberculosis workers have had to contend with in the last ten years is doubly acute and more urgently demanding a solution.

Those who have the welfare of the antituberculosis campaign at heart will do well therefore to meet with the men and women who are interested in this great work, and gather with them around the war council table in St. Louis.—PAUL L. BENJAMIN, Executive Secretary, Mississippi Valley Conference.

THE VOLUNTEER MEDICAL SERVICE CORPS — REORGANIZATION AND ENLARGED SCOPE

The Volunteer Medical Service Corps, authorized by the Council of National Defense in January, 1918, has been greatly enlarged in the scope of its organization by action of the Council of National Defense on August 5. Membership in the corps now makes eligible

every qualified physician, including women, holding the degree of Doctor of Medicine in a legally chartered medical school, without regard to age or physical disability, provided they have not already been commissioned in the government service.

It will prove a means of classifying all physicians not yet in the service. It will enable the government authorities to utilize desirable and available medical men, with as little hardship to the individual and to the community as possible. Physicians at home unable to wear the uniform will in this corps enjoy the distinction of wearing the insignia of the corps, which will indicate a willingness to serve the government, when need arises.

Fully 60 per cent. of the physicians of the country will remain at home to care for the industries, institutions and health of home folks. The classification which the Medical Section of the Council of National Defense is now undertaking will enable the government to deal justly and fairly with the physicians who should take part in active war service and those whose duty it is to remain at home—each class in its way doing a high patriotic service, for which he gets official credit.

That the plans of reorganization of the Volunteer Medical Service Corps have the approval of government authorities is shown in the personnel of the Governing Council, which is as follows: Surgeon-Generals Gorgas, Braisted, Blue, Provost Marshal-General Crowder, and on behalf of the Medical Section of the Council of National Defense, Dr. Edward P. Davis and Dr. Franklin Martin.

In a letter to Dr. Franklin Martin, President Wilson sets forth his approval of the plans in the following words:

"In cooperation with the general medical board of the Council of National Defense, the strong governing board of the reorganized corps will be able to be of increasing service, and through it the finely trained medical profession of the United States is not only made ready for service in connection with the activities already mentioned, but the important work of the Provost General's Office and Red Cross will be aided and the problems of the health of the civilian communities of the United States assured consideration. I am very happy to give my approval to the plans which you have submitted, both because of the usefulness of the Volunteer Medical Service Corps and also because it gives me an opportunity to express to you, and through you to the medical profession, my deep appreciation of the splendid service which the whole profession has rendered to the nation with great enthusiasm from the beginning of the present emergency."

A FIVE MILLION ARMY MEANS FIFTY THOUSAND MEDICAL OFFICERS

With an army of three million men in the field or in training and as contemplated, an expansion of this force to five million men, the Surgeon-General must have in the Medical Reserve Corps at least fifty thousand doctors.

The Medical Corps must keep a pace in growth with the army expansion, and it behooves every doctor in the United States between the ages of 21 and 55, who is physically, morally and professionally fitted, to arrange at the earliest possible moment his personal affairs so as to offer his services to his country in the capacity of a medical officer.

The United States is in the war to do her part in winning the struggle, and this can only be accomplished by a large and well trained body of troops adequately cared for by a sufficient number of medical officers. The importance of the doctor's service and its relation to the successful outcome of the war cannot be underestimated.

As the mobile forces increase in size, so is there an expansion of base hospitals and other institutions for the care of the sick and wounded, and there should be no lack of officers when required to give to our patriotic boys that professional attention which is so essential.

It is well for the medical profession of the United States to realize at once that a Medical Reserve Corps of at least 50,000 doctors will be required to meet the demands of the Surgeon-General and upon which corps he can draw for his medical officers.

We believe by this time that the profession of this country must be fully alive to the needs of the service, so let every doctor who is qualified feel that he is doing not only his patriotic duty in offering his services as a medical officer, but is relieving the tension of the Surgeon-General's office by placing at the command of the chief officer of the Medical Department an adequate force without the frequent beating of drums to supply the necessary number with each increase of the mobile forces.

If you have not already received an application blank for commission in the Medical Reserve Corps, your nearest Examining Board or the editor of this journal will be glad to supply you.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

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Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

THE Time—September 25, 26 and 27.

THE Place—Indianapolis.

THE Attraction—The annual session of the Indiana State Medical Association.

At the coming session of the Association the last three living ex-presidents of the Association will serve as members of the House of Delegates. This is in accordance with an amendment to the Constitution passed at the Evansville session.

It is announced that students in medical colleges will be placed in uniform this fall and at once started in with drills and military instruction in connection with their regular college work. This move is with a view of making the medical students ready for active military duty at an earlier date than otherwise would be possible.

THERE are 146,000 doctors in the United States. It is estimated that half that number will be required for military service before the present war is over. That means a greatly increased recruiting of doctors for the Medical Reserve Corps. Gentlemen, get in line, and "push" if necessary in order to get your name on Uncle Sam's pay roll.

SINCE our editorial note in the July number of THE JOURNAL regarding the need of medical men in Red Cross service overseas we have had a number of inquiries as to where application should be made for such service, and desire to announce that all inquiries and applications should be sent to Dr. Alfred E. Shepley, Medical Personnel Bureau, Red Cross, Washington, D. C.

ONE of the line officers in the regular army says that it is a little laughable to see how jealous medical men are of their military titles. He says that many doctors who become captains or majors are quite offended if not addressed in full military fashion by everyone. Why bother about a little thing like that? Perhaps if the truth was known, plain "Doc" has been used when a little more respectful salutation should have been employed.

THE members will miss the commercial exhibits when attending the Indianapolis session. War conditions make it inadvisable for firms to go to the trouble and expense incident to exhibitions. A commercial exhibit, when properly conducted, is appreciated by nearly all of the members of the Association, and it is regretted that such a feature will not be a part of the coming session.

THE Indianapolis session will not be as well attended as former sessions owing to the fact that so many of the members are now in military service. However, some of the officers in the Medical Reserve Corps who are stationed not far distant from Indianapolis may be able to attend, and the presence of representatives of the War Department, with addresses and discussions upon war topics, will prove an interesting feature of the session.

It is now evident that all efforts to secure the reappointment of Surgeon-General Gorgas at his time for retirement in October, on account of age limit, have been superfluous, for it is announced that there never has been any intention of releasing such a valuable man, and one whose age does not preclude the possibility of his serving efficiently for many years to come. However, the action of a united medical profession has only strengthened the position of Surgeon-General Gorgas.

If the present plan of increasing the army to four or even five million men is carried out it is evident that there will be a great shortage of medical officers. This will become evident when it is known that for every one thousand men in the fighting forces there must be ten medical officers. No wonder the government requests all medical schools to have continuous sessions with a view to turning out doctors as rapidly as possible to supply the need of medical officers.

THE time has arrived when every doctor must be in one of two classes—he must either be a member of the Medical Reserve Corps or a member of the Volunteer Medical Service. Those who are physically and mentally qualified must align themselves in the first class, and without any undue urging; all others are expected to join the Volunteer Medical Service, and even the older men will find it decidedly uncomfortable if they do not do so.

THE Council of National Defense has sent out an urgent request to medical men to assist in stamping out transmissible diseases in the camps by notifying camp medical officers concerning the existence of transmissible diseases in any men who are apt to go from their homes to any of the various camps, or who when on leave of absence from camps are found to be suffering from transmissible diseases. The notification should be specific, giving the name of the man or soldier, or other identification data, together with his address and the nature of his disease. Doctors in every community are urged to comply with the request.

INDIANA physicians connected with draft and medical advisory boards take pride in the remarkable showing of Indiana registrants in the training camps. A chart received from the provost marshal-general's office setting forth the percentage of rejections of registered men sent to the camps shows that in the United States as a whole the average is 5.83 per cent. The average in Indiana is 2.87 per cent. Only five states had a lower average than Indiana, and physicians are hopeful, with experience gained in the early draft calls, of putting Indiana at the top of the list. Draft work has added heavily to the duties of the physicians, but the record of rejections shows with what willingness they responded. With the continued call of the army for doctors and their response to service, the duties of those remaining are increased many fold. The medical advisory boards, for instance, meet two or three nights each week to examine registrants. They receive no pay for their service.—*Indianapolis News*.

It is becoming more and more evident that the War Department has made a serious mistake in depending upon volunteer enlistment in order to secure the requisite number of men for the Medical Reserve Corps. At the present time, as a result of a drive that has been somewhat strenuous, enlistment has been very gen-

eral on the part of all medical men under 55 years of age, though there is yet room for more recruits for the Medical Department of the Army and Navy. There is, however, considerable danger of a very serious shortage of medical men in some populous communities for the care of the civilian population. This shortage will have to be taken care of by the Volunteer Medical Service Corps. There should, however, be some systematic manner of selecting men for military service whereby no populous community will be left without a sufficient number of medical men to care for the more pressing needs, and without the necessity of transferring men belonging to the Volunteer Medical Service Corps. Such a scheme is being worked out now, and it is hoped it will be carried into effect before serious injustice is done through the present policy of taking medical men into military service irrespective of any other considerations than those of the War Department.

ACTING upon the request of the Council of National Defense that steps be taken immediately to enroll all professionally eligible doctors in the Volunteer Medical Service Corps, the following state executive committee to direct the work of the organization in Indiana has been appointed by the state committee, medical section, Council of National Defense: Dr. Frank B. Wynn of Indianapolis, chairman; Maj. George M. Wells, Indianapolis, secretary; Dr. Miles F. Porter, Fort Wayne; Dr. G. W. H. Kemper, Muncie; Dr. George T. McCoy, Columbus; Dr. Spencer M. Rice, Terre Haute; Dr. William T. Gott, Crawfordsville; Dr. A. M. Hayden, Evansville.

This executive committee has been directed to appoint a county representative for each of the ninety-two counties. All counties having more than 50,000 population should have one additional representative for each 50,000 population or fraction thereof.

The Volunteer Medical Service Corps has for its objects: (1) placing on record all medical men and women in the United States; (2) aiding the Army, Navy and Public Health Service in supplying war medical needs; (3) providing the best civilian medical service possible; (4) giving recognition to all who record themselves either in Army, Navy, Public Health or civilian service.

The work of the national organization will be conducted through a central governing board of twenty-five men, which in turn, will act

through forty-nine state executive committees and the various county representatives.

Every doctor will be placed on record by the government and a report will be sent to Washington containing the names of those who fail to supply all information desired.

SURGEON-GENERAL GORGAS has called for 1,000 graduate nurses a week—8,000 by October 1. Twenty-five thousand graduate nurses must be in war service by January 1, in the Army Nurse Corps, in the Navy Nurse Corps, in the U. S. Public Health Service in Red Cross war nursing. This involves withdrawal of many nurses from civilian practice and necessitates strict economy in the use of all who remain in the communities. You can help get these nurses for our sick and wounded men by bringing this need to the attention of nurses; relieving nurses where possible wholly or in part from office duty; seeing to it that nurses are employed only in cases requiring skilled attendance; insisting that nurses be released as soon as need for their professional service is ended; seeing that your patients use hospitals instead of monopolizing the entire time of a single nurse; encouraging people to employ public health nurses; instructing women in the care of the sick; inducing high school and college graduates to enter the Army School of Nursing or some other recognized training school for nurses. Encouraging nurses to go to the front involves real personal sacrifice and added work on the part of the physicians whose duty it is to maintain the health of our civilian second line defense—but the men who are fighting for their country in France need the nurses.—DEPARTMENT OF NURSING, AMERICAN RED CROSS, Washington, D. C.

LIEUT. EVERETT H. PEA, formerly of Vincennes, but now in military service in Rouen, France, in a letter to friends, uses a few strong words of denunciation of the younger Indiana physicians and surgeons who are failing to respond to the appeal of the government and enlist for military duty, and voices the opinion that such doctors should be drafted at once. An extract from his letter follows:

"The doctors of Indiana should certainly be ashamed of themselves. The great Hoosier state stands forty-third in the list of states giving physicians and surgeons to the United States Army. I think Indiana had better get busy and draft them for they are greatly needed. Seventy-five per cent. of the 350 doctors who made the trip across are past 40 years of age, married and have families. If these

young doctors could only visit France and see for themselves how much good they could do for humanity, they would not hesitate any longer and would enlist in preference to being drafted.

"The contingent of which I was a member was immediately broken up into various squads. The commander loaned to the British fifty doctors of this contingent, and I happened to be one of the fifty. We all like the English people very much, and that they are glad to see Uncle Sam's men is easily noticed. We are located at Rouen, France, and by looking over the map one can easily determine that we have some very interesting as well as exciting experiences. We have a good place to sleep and mess. One is hardly safe in this region. Since arriving here the weather has been ideal, but judging from the reports given by the British officers, this is the best weather this section of the country has had for three years.

"I have been assigned to Hospital No. 10, B. E. F. We get plenty of work and all kinds of it. It certainly is surprising to note how the hospitals are arranged. The allies are certainly taking good care of their wounded and sick, and get wonderful results. We have several American nurses in the B. E. F. hospitals, and believe me it surely does make one feel at home to run across a smiling Yankee Red Cross nurse. The nurses were more than delighted to see us, and it required several days' time to tell them what is going on in the States."

THE suspension by the War Department of further volunteering or the receipt of candidates for officers' training camps from civil life does not apply to members of the medical profession, according to notice just received by Dr. Joseph Rilus Eastman, chairman of the Indiana Committee, medical section, Council of National Defense, from Dr. Franklin Martin, Washington, chairman of the General Medical Board. Fearing that the War Department's order might be misinterpreted by doctors who would not distinguish between enlistment as a private soldier and enrollment as an officer of the Medical Reserve Corps, Dr. Martin asked the Secretary of War to issue a statement making clear this point. In reference to this request the following statement was made by Newton D. Baker, Secretary of War, and Josephus Daniels, Secretary of the Navy:

"Orders issued by the War and Navy Departments on August 8 suspending further volunteering and receipt of candidates for officers' training camps from civil life do not apply to the enrollment of physicians in the Medical Reserve Corps of the Army and the Reserve Force of the Navy. It is the desire of both departments that the enrollment of physicians should continue as actively as before so that the needs of both services may be effectively met."

"It is desirable," says Dr. Martin, "that the definite attention of the medical profession be called to this interpretation in order that enrollment for the Med-

ical Reserve Corps of the Army and the Reserve Force of the Navy, which is going on so rapidly at the present time, shall not be interrupted."

By reason of miscarriage in the mail, incomplete lists, faulty addresses or change of residence, many physicians in the state of Indiana have failed to receive the necessary questionnaire to be filled out for the Surgeon-General's department. Every doctor who has not received the above questionnaire should immediately request the necessary blank from the offices of the state committee, 314 Hume-Mansur Bldg., Indianapolis. All physicians who have failed to return their questionnaires should do so forthwith.

DEATHS

W. A. HOBDAV, M.D., of Palms, Calif., died on July 29.

KATE K. BROWNBACK, wife of Dr. O. W. Brownback of Pendleton, died August 14, aged 70 years.

A. F. MALLOY, M.D., formerly of Rockville, died early in August at Spokane, Wash., where he had gone for his health.

BERTHA CUPP, wife of Dr. M. F. Cupp of Metamora, died August 23, following injuries received in an automobile accident.

THOMAS WRIGHT, M.D., of Boonville, died August 6, aged 79 years. He graduated from the Hospital Medical College in 1883.

ROBERT STUART, M.D., who practiced medicine for many years at Spiceland, died July 26, at the home of his daughter in Henderson, Ky., aged 81 years.

CHARLES WADSWORTH, M.D., of Rocklane, died July 25, aged 56 years. He was born in Madison, graduated from the Medical College of Ohio, Cincinnati, in 1879, and had practiced in Johnson County for twenty-five years.

VIOLET G. EASTMAN, wife of Dr. Joseph Rilus Eastman, Indianapolis, president of the Indiana State Medical Association, died August 16, at the Eastman Sanatorium, following a cesarean section, complicated by pneumonia. The child did not live.

JAMES J. MITCHELL, M.D., of Canton, near Salem, died August 11, aged 69 years. Dr. Mitchell graduated from the Medical Department of the University of Louisville in 1886.

HOWARD C. HAINES, M.D., of Sims, died August 18 from ptomaine poisoning. Dr. Haines was born in 1853, graduated in medicine from the Indiana Eclectic Medical College, Indianapolis, in 1885, and was one of the pioneer physicians of Grant County.

SAMUEL C. NORRIS, M.D., of Anderson, recently commissioned captain in the Medical Reserve Corps with orders to report at Fort Oglethorpe on August 14, died suddenly at his home on August 4 from peritonitis. Dr. Norris was born at Cincinnati, Ohio, in 1869; graduated from the Miami Medical College, Cincinnati, in 1894; and specialized in diseases of the eye, ear, nose and throat. He was a member of the Madison County Medical Society, the Indiana State Medical Association and the American Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

GENERAL

THE new addition to the Mercy Hospital, Gary, will be dedicated October 6.

LIEUT. GEORGE GIBBONS of Orleans left August 25 for duty at Fort Riley, Kan.

DR. JOHN H. LANDIS of Cincinnati, well-known municipal health expert, died August 23.

DR. E. N. BENNETT of Kokomo reported for duty at Camp Dodge, Iowa, on August 22.

WORD has been received of the safe arrival in England of Dr. Paul Garber of North Manchester.

DR. and MRS. J. C. McCLURKIN of Evansville have been spending their vacation at Martinsville.

WORD has been received announcing the safe arrival in France of Lieut. M. B. Catlett, M. R. C.

DR. MILES F. PORTER, JR., of Fort Wayne has been promoted and is now a captain in the M. R. C.

DR. HANNAH M. GRAHAM of Indianapolis has returned home after spending the summer in the north.

LIEUT. CARTER METCALF of Andersonville reported August 26 for duty at Fort Dodge, Des Moines, Iowa.

DR. W. H. MCGREW of Pierceton has removed to Lafontaine, where he will practice his profession.

DR. W. L. GROSSMAN of North Vernon spent two weeks' vacation visiting relatives in and near Evansville.

CAPT. SAMUEL MCGAUGHEY of Irvington left August 11 for the training camp at Fort Oglethorpe, Ga.

DR. and MRS. HUGH J. NEEDHAM of New Albany celebrated their fiftieth wedding anniversary on August 17.

DR. W. N. CULMER of Bloomington left August 7 for military training at Camp Jackson, Columbia, S. C.

DR. GEORGE W. CRAMM has relocated at Hayden after spending several months in post-graduate work in Chicago.

DR. C. J. BROCKWAY of Lafayette, first lieutenant in the M. R. C., reported at Fort Riley, Kan., for duty on August 15.

DR. E. H. UNDERWOOD of Fort Wayne has received his commission as first lieutenant in the Medical Reserve Corps.

DR. and MRS. J. H. OLIVER and daughters of Indianapolis are spending their vacation at Siasconset, Nantucket Island.

LIEUT. E. E. BROCK of Anderson was ordered to report at Camp Greenleaf, Fort Oglethorpe, Ga., on September 1.

DR. S. C. LORING of Plymouth has been accepted for Red Cross service in France, and expects to sail at an early date.

DR. A. D. CLARK of Decatur has been ordered to the Wilbur Wright Aviation Field, Dayton, Ohio, for military duty.

DR. PAUL E. BOWERS, prison physician at Michigan City, has been granted an indefinite leave of absence to enter military service.

LIEUT. CURTIS HAFlich of Markle, but now located at Camp Meade, Maryland, was married August 9 to Miss Zoa Gaskill of Markle.

DR. A. H. RALSTON of Fredericksburg has successfully passed the physical examination as a Red Cross physician for service in France.

DR. and MRS. CHARLES A. PFAFFLIN and daughter of Indianapolis are spending the latter part of the summer at Walloon Lake, Mich.

MAJOR O. G. PFAFF of Indianapolis recently addressed the members of the Grant County Medical Society at their regular meeting.

DR. EDWARD P. KING of Gary, first lieutenant in the M. R. C., reported at Camp Humphrey, Va., on August 22. Mrs. King accompanied him.

COL. LOUIS A. LAGARDE, M. C., has been appointed to succeed Col. J. Van R. Hoff, M. C., U. S. Army, retired, as editor of *The Military Surgeon*.

DR. ROSELLA E. ADAIR, who has practiced medicine at Gary for the last four years, has removed to Chicago, where she has taken over a practice.

DR. MAURICE I. ROSENTHAL of Fort Wayne, commissioned captain in the Medical Reserve Corps, left August 9 for military duty at Fort Oglethorpe, Ga.

THE Huntington County Medical Society at their regular meeting on August 7 voted to adopt a new fee bill which includes an advance in all fees charged.

DR. F. E. BUSHE has been appointed city physician of Richmond to fill the vacancy left by Dr. W. W. Anderson who resigned to enter military service.

DR. H. M. KAMMAN has recently been appointed secretary of the Columbus Board of Health to succeed Dr. J. W. Benham who has entered military service.

DR. B. B. PETTIJOHN of Indianapolis has been commissioned captain in the M. R. C., and ordered to report for duty at New Haven, Conn., on September 1.

DR. MILO GIBBS of Greenfield has been commissioned captain in the Medical Reserve Corps and reported at Fort Oglethorpe, Ga., for duty.

ACCORDING to reports received, Dr. W. Cullen Squier of Princeton, stationed at Camp Greenleaf, Fort Oglethorpe, Ga., has been promoted to the rank of captain.

DR. M. H. YOUNG has been appointed secretary of the Clay County Medical Society to fill the vacancy of Lieut. Harry M. Pell, who has left for military service.

DR. SAMUEL HOLLIS of Hartford City has been appointed deputy coroner of Blackford County to succeed Dr. H. L. Buckles who has entered military service.

DR. BERNARD A. KING of Cicero has been commissioned first lieutenant in the Medical Reserve Corps and stationed at Camp Greenleaf, Fort Oglethorpe, Ga.

DR. C. R. BASSLER of Elkhart was married on August 13 to Miss Inez Cuddahy of Mishawaka, a registered nurse. Dr. Bassler expects to leave soon for military duty.

DR. CARL HABICH of Indianapolis has been commissioned first lieutenant in the Medical Reserve Corps and reported for duty at Newport News, Va., on September 7.

DR. F. W. TERFLINGER, superintendent of the Northern Indiana Hospital for the Insane, located at Logansport, has been commissioned captain in the Medical Reserve Corps.

DR. W. S. COLEMAN of Rushville, commissioned first lieutenant in the Medical Reserve Corps, reported for duty at Camp Greenleaf, Fort Oglethorpe, Ga., on August 13.

WORK on the new Home Hospital, Lafayette, is being rushed to completion, and it is hoped to be opened to the public by October 1. It will have a capacity for seventy patients.

DRS. O. A. BYERS and S. R. CLARK of Petersburg have entered military service, Dr. Byers being stationed at Fort Oglethorpe for training and Dr. Clark at Fort Benjamin Harrison.

DR. V. D. KEISER of Indianapolis, first lieutenant in the M. R. C., was married August 6 to Miss Edna Frankman, also of Indianapolis. Dr. Keiser is located at Camp Sherman, Ohio.

DR. W. H. WILLIAMS of Lebanon was married on August 17 to Miss Amelia Schmidt of Philadelphia, Pa. They will be at home after October 1 at 118 South East Street, Lebanon.

DR. H. B. GABLE of Monticello has returned from New York City, Philadelphia, Baltimore and Washington, D. C., where he has taken a postgraduate course in eye, ear, nose and throat work.

DR. HARRY G. ERWIN of Fort Wayne, now located at Port Meadows, Oxford, England, temporarily awaiting the completion of the 37th base hospital, has been promoted to the rank of captain.

DR. LOUIS SEVRIN of Bluffton has been appointed to succeed Dr. Fred Metts on the Wells County Conscription Board. Dr. Metts left recently for military duty at Fort Oglethorpe, Ga.

THE relation between war and tuberculosis will be the keynote of the seventh annual convention of the Mississippi Valley Conference on Tuberculosis which meets at St. Louis, Mo., October 2 to 4.

DR. CHARLES F. KERN of Lafayette, president of the State Board of Health, recently underwent a surgical operation in order that he might successfully pass the physical examination for military service.

THE Johnson County Medical Society were addressed on August 14 by Miss Maxine Biebesheimer, registered nurse, representative and state nurse for the Indiana Society for the Prevention of Tuberculosis.

DR. I. H. SONNE of Corydon reported for military service at Camp McArthur, Texas, on August 15. Dr. W. E. Amy, also of Corydon, was ordered to report at the same time at Camp Greenleaf, Fort Oglethorpe, Ga.

DR. PAUL E. GREENLEAF of Bloomington, first lieutenant in the M. R. C., left August 15 for Rockefeller Institute, New York City, for a course in special military work, and later will go to Camp Gordon at Atlanta, Ga.

DR. J. M. THURSTON of Richmond, aged 77 years, veteran of the Civil War and formerly lecturer at the Physio-Medical College at Indianapolis, has enlisted and been accepted in the Volunteer Enlisted Medical Corps of the state.

DR. W. M. O'BRIEN of Coatesville has been commissioned captain in the M. R. C. and ordered to report for duty at Fort Meyer, near Washington. Captain C. F. Hope of Coatesville is located at Nitro, W. Va., where he is camp sanitarian.

LIEUT. CLAUDE A. FRAZIER of Indianapolis was married, in New York City, the latter part of July, to Miss Nina F. Toney, a registered nurse of Indianapolis. Mrs. Frazier will remain in Indianapolis during the period of Dr. Frazier's military service.

DR. JOHN H. GREEN of North Vernon, who was refused entrance to the Medical Reserve Corps on account of hernia, recently underwent an operation at the Eastman Hospital, Indianapolis. He expects to be able to take another examination soon.

THREE Lafayette physicians with commissions in the M. R. C. received orders to report for military training on August 15 as follows: Dr. C. J. Brockway, to Fort Riley, Kan.; Dr. F. L. Pyke to Fort Riley, and Dr. H. N. Sweezy, Fort Oglethorpe, Ga.

DR. NOAH ZEHR and DR. LYMAN K. GOULD, both of Fort Wayne, have been appointed surgeons of the Fort Wayne and Northern Indiana Traction Company to fill the vacancies made by the death of Dr. Edward McOscar and the departure for war service of Dr. L. P. Drayer.

DR. T. J. TONER of Gary, having been rejected for military service because of a physical defect, underwent a surgical operation at the Mercy Hospital, Chicago, recently, in order to make himself physically fit for military duty. He expects to pass a successful examination within a few weeks.

CAPT. C. A. DRESCH of Mishawaka left August 20 to report for duty at Fort Riley, Kan. Captain Dresch was secretary of the local board of health, from which duties he was granted an indefinite leave of absence. Dr. W. B. Christophel was appointed acting secretary during the period of Dr. Dresch's absence.

DR. A. L. MARSHALL, secretary of the Indianapolis Medical Society, has tendered to the city board of health his resignation as superintendent of the city dispensary. He has held that position for a number of years, but has felt compelled to relinquish it on account of heavy war duties in addition to his practice.

CAPT. CHARLES N. COMBS of Terre Haute, secretary-treasurer of the Indiana State Medical Association, who has been stationed at Fort Benjamin Harrison, left for the coast August 14, expecting to leave promptly for overseas duty. He is with the 3rd Brigade of the 22nd Engineers.

DR. ADAH McMAHON of Lafayette is the first to receive appointment for the staff of the new gas hospital, a 300-bed infirmary in France, which constitutes a new unit in the women's overseas hospitals committee, U. S. A., and which belongs to the American Women's Suffrage Association. Dr. McMahon expects to sail at an early date.

DR. WILLIAM H. FOREMAN of Indianapolis spent several weeks' vacation at Lake Manitau, stopping off in Chicago on his way home for some special postgraduate work under Dr. B. W. Sippy at the Presbyterian Hospital. Dr. Foreman expects to devote his entire time to consultation medicine and diagnosis and treatment of gastro-intestinal diseases.

A NAVY base hospital unit, organized by Dr. Ray Smith of Los Angeles, and recruited principally from that city, has reached England ready for action with the American naval forces now operating in European waters. The unit has a personnel and equipment for a total capacity of five hundred beds, and is under command of Medical Director Charles M. de Valin, U. S. N.

DR. JOS. E. WALTHER of Glenwood was quite seriously injured on August 20 when the automobile which he was driving was run down by a cut of loose freight cars, pinning the doctor under the debris from which it was impossible to disentangle him for a period of thirty minutes. He was taken to the Memorial Hospital at Connersville for attention.

DR. JOHN W. SNYDER of Michigan City has been appointed to a position on the surgical staff of the Mayo Clinic at Rochester, Minn., and left for his new work September 1. He expects to enter military service for overseas duty in a few months, after completing special work at the Mayo's. He has sold his practice to Dr. N. A. Williams of Ann Arbor.

DR. J. P. SALB of Jasper, former president of the Indiana State Medical Association, has four sons in military service, namely, Dr. J. A. Salb in the U. S. Navy; Dr. Leo A. Salb, Camp Dodge, Iowa; Corp. Victor M. Salb at the auto

mechanics' school at Indianapolis, and Private Grover E. Salb, "somewhere in France." A fifth son, Oscar Salb, a chemist in St. Louis, Mo., expects to enter the service soon.

DR. ANDREW S. NEWELL of Converse has been appointed coroner of Miami County to fill the vacancy caused by the resignation of Dr. M. D. Wagner, commissioned first lieutenant in the M. R. C.; also, Dr. B. F. Eikenberry has been appointed county health commissioner to fill the vacancy left by the resignation of Dr. M. A. McDowell, who is entering military service.

DR. FRANK B. WYNN of Indianapolis has been asked by the Council of National Defense to serve in Washington for three months, beginning September 1, assisting in classifying the doctors of the country. Dr. Wynn was in the wilds of Colorado enjoying his favorite sport of mountain climbing when the telegram from the capital finally reached him. He immediately made for the nearest railroad and wired his acceptance.

DR. CARL L. SOUDER of Columbia City has received an honorable discharge from military duty and resumed practice in his home city. Dr. Souder served several months in the Medical Reserve Corps at Camp Grant, and while in the service was operated upon for an involvement of the sinuses, later developing pneumonia, all of which rendered him physically unfit for military duty. His discharge is dated Aug. 9, 1918.

THE British ambulance transport *Warlida* was torpedoed in the English Channel early in the morning of August 3, and 123 of the 800 persons on board were reported missing. The ship was on her way to a British port bringing nearly 600 sick and wounded soldiers from France, and it is said that this was the first trip the *Warlida* had made without wounded German soldiers on board. There were seven Americans on board, one of whom was among the missing.

DR. FREDERICK C. WARNSHUIS of Grand Rapids, Mich., editor and business manager of *The Journal of the Michigan State Medical Society*, has been granted a leave of absence, and entered military service, reporting at Camp Sherman, Chillicothe, Ohio, for training and assigned to the surgical division of a base unit for early overseas service. Dr. Gerrit J. Warnshuis has been appointed active representative publication committee of the Michigan journal.

DR. CLARENCE R. STRICKLAND of Indianapolis, who has been commissioned a captain in the Medical Reserve Corps, left on August 29 for Lakewood, N. J., where he has been assigned to a hospital in the department of internal medicine. Captain Strickland has been connected with this department of the Indiana University School of Medicine, has been on the staff of the City Hospital and a member of the aviation board and the medical advisory board. Upon his return to Indianapolis it is Captain Strickland's intention to specialize in heart diseases.

SANITARIANS of the United States and Canada are to meet in convention at Chicago, October 14 to 17, under the auspices of the American Public Health Association. Among the speakers who are to address the meetings are Surgeon-General Gorgas, Col. Victor C. Vaughan and Maj. William H. Welch of the Medical Department, U. S. Army; George H. Vincent, president of the Rockefeller Foundation; Dr. Charles J. Hastings, president of the American Public Health Association, and Dr. Allan J. McLaughlin, assistant surgeon-general of the United States Public Health Service.

DURING August the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Heyden Chemical Works: Silver Proteinate-Heyden.

E. R. Squibb and Sons: Chloramine-T, Squibb; Chloramine-T, Surgical Paste, Squibb; Chloramine-T, Tablets-Squibb, 4.6 grains; Dichloramine-T, Squibb.

Abbott Laboratories: Parresined Lace Mesh Surgical Dressing, Abbott; Phenylcinchoninic Acid-Abbott.

THE Rockefeller Foundation spent \$5,944,969 in war work last year and a total of \$11,457,086 in educational and relief work. The disbursements of the foundation during the year were as follows:

War work	\$ 5,944,969
International Health Board.....	557,829
China Medical Board.....	501,422
Rockefeller Institute	3,127,914
Founder's Designations	942,251
Miscellaneous:	
After care of infantile paralysis cases,	
mental hygiene, school of hygiene, and	
public health miscellaneous.....	277,035
Administration	105,666
Total	\$11,457,086

UNDER the direction of the Construction Division of the Army a forty-bed addition to General Hospital No. 10, at Fox Hills, Staten Island, was erected recently and made ready for occupancy in exactly ten hours and thirty-eight minutes. The building is a one-story frame structure, with a porch, and has in addition to the ward a diet kitchen, surgical dressing room, linen room and bath. The finished building was fully wired, the lights ready to be switched on, water running in the pipes, and all the radiators set. The construction department is prepared for similar work in all cantonments should the necessity arise for increased hospital facilities.

PHYSICIANS named by Governor Goodrich as delegates to the annual meeting of the American Hospital Association, which will meet at Atlantic City, September 24 to 28, are Dr. Charles P. Emerson, dean of Indiana University School of Medicine; Dr. H. G. Morgan, secretary of the Indianapolis board of health and charities; Dr. Charles E. Woods, superintendent of Methodist Episcopal Hospitals of Indiana, and Dr. Edwin Walker, president of Walker Hospital, Evansville. Other delegates are Miss Edith Willis, superintendent of Good Samaritan Hospital, Vincennes; Mrs. James B. Wilson, president Bloomington Hospital, Bloomington; Miss Margaret Parker, superintendent Epworth Hospital, South Bend, and John L. Rupe, president Reid Memorial Hospital, Richmond.

It is announced that a general order has been issued by the War Department adopting standard materials for officers' uniforms and providing that the cloth for these uniforms shall be supplied by the Quartermaster Corps at cost. Furthermore, the Quartermaster Corps will make contracts with tailors to make uniforms for officers. These contracts will require a guarantee that the garments shall fit. Any changes or alteration required to make them fit will be made at the expense of the contractor. The cost of the uniform to the officer will be the contract price plus the cost of the cloth. The officer will pay the local Quartermaster, who will in turn pay the contractor. Should the officer prefer, he may have the uniform made by a private tailor, at his own expense of course, but in any case he must use cloth furnished by the Quartermaster Corps, which will be charged to him at cost. While the order has been issued, the supply of cloth is not sufficient

as yet to put it into effect, nor have contracts been made with the tailors. It is stated that several months may elapse before it is practicable to put the order into effect. In the meantime, officers will have to purchase their uniforms from private tailors as heretofore.

At a recent meeting of the American Board for Ophthalmic Examinations held in New London, Conn., it was decided that the next examinations will be held at the New York Eye and Ear Infirmary, New York, Friday, October 25. Dr. William H. Wilder, Chicago, was elected secretary of the Board, which is composed of representatives of the American Ophthalmological Society, the Section on Ophthalmology of the American Medical Association, and the Academy of Ophthalmology and Otolaryngology. By arrangement with the American College of Surgeons the Board has become the ophthalmic credentials committee of the college, and conducts the examinations of the ophthalmic candidates for fellowship in the college. Further information may be had upon request from the American College of Surgeons, 25 East Washington Street, Chicago, Ill.

THE Medical Section of the State Council of Defense for some time has had under consideration the problem of dealing adequately with returned tuberculosis soldiers throughout the state. Already 404 soldiers have been returned to Indiana from cantonments throughout the country because, by medical examinations made at the cantonments, they were found to be suffering from tuberculosis. At its meeting at the State House on Tuesday, August 20, the State Council of Defense passed the following resolution:

WHEREAS, Paralleling the experience of European nations, the state of Indiana is at the present time undergoing a war increase in the mortality and morbidity on account of tuberculosis as witness by the fact that in 1916, 3,821 deaths resulted from this disease; in 1917, 3,980, and in the first six months of 1918, 2,183, the death rate up to 1916 having declined uniformly from 4,170 in 1910 to 3,821 in 1916, and

WHEREAS, The State Council of Defense realizes the obligation of this state to make available scientific treatment to its soldiers who have been called upon to risk their lives in defense of the principles of liberty and democracy, and have now been discharged from the army on account of tuberculosis, being not entitled to government care on account of the short term of their service, and

WHEREAS, There are at the present time 404 of these discharged soldiers and 30,000 civilians afflicted with this disease in Indiana, and

WHEREAS, The state of Indiana has provided but 379 beds to care for such cases, therefore be it

Resolved, That this Council urge all county governments to provide without delay sanatorium and medical treatment for their tuberculosis soldiers and citizens, and be it further

Resolved, That all county councils of defense be requested to take vigorous and active part in all campaigns for tuberculosis sanatoriums.

It is said to take nine men working "over here" to keep one soldier fighting "over there." Clearly, therefore, it is wise to keep the nine workers husky and working as well as the one soldier. Which health officer should stay at home and who should go to war? How is the nation bearing up under the war-strain? What are the special war-time health menaces of the civil population, and what are we going to do about them? What headway are we making against the venereal diseases? These are the questions to be considered at the convention of United States and Canadian sanitarians at Chicago, October 14-17, to be held under the auspices of the American Public Health Association. Some of the military sanitarians who will address the meetings are Surgeon-General Gorgas, Col. Victor C. Vaughan and Maj. William H. Welch of the Army Medical Corps. Other speakers at the general sessions will be George H. Vincent, president of the Rockefeller Foundation; Dr. Charles J. Hastings, president of the American Public Health Association; Dr. W. A. Evans; Assistant Surgeon-General Allan J. McLaughlin, U. S. P. H. S.; Dr. Ernest S. Bishop, Dr. Lee K. Frankel, Dr. Frederick L. Hoffman and others. There will also be papers upon laboratory, industrial hygiene, vital statistics, food and drugs, sanitary engineering, sociological and general health administration subjects. As the health of the civil population has a direct bearing upon the winning of the war, mayors and governors are being requested to send their health officers to the conference in spite of the present high cost of government. The final program will appear in the American Journal of Public Health appearing September 25. For further information write to A. W. Hedrich, secretary, American Public Health Association, 1041 Boylston Street, Boston, Mass.

FOLLOWING is the program for the Fourth Annual Meeting of the Interstate Association of Anesthetists, to be held at Indianapolis, September 25-27, Claypool Hotel, Parlor B:

MORNING SESSION, September 25, 9 a. m.

Address of Welcome and Presentation of Gavel. John Barnhill, M.D., Indianapolis, Ind.

What the Expert Anesthetist Should Be. A. S. McCormick, M.D., Akron, Ohio.

The Anesthetist on the Hospital Staff. Isabella C. Herb, M.D., Chicago.

The Downtown Anesthesia Clinic. Ralph M. Waters, M.D., Sioux City, Ia.

Organizing the Specialty of Anesthesia. F. H. McMechan, M.D., Avon Lake, Ohio.

AFTERNOON SESSION, September 25, 2 p. m.

Anesthesia in War Surgery. C. N. Combs, M.D., Terre Haute, Ind.

Vapor Anesthesia for Oral and Facial Surgery. Wm. Hamilton Long, M.D., Louisville, Ky.

The Peculiar Problem of Anesthesia and Shock in Hysterectomy. Edward Remy, Jr., M.D., Mansfield, Ohio.

Limitations and Psychic Factors of Nitrous Oxid-Oxygen Anesthesia and Handling the Obstreperous Dental Patient. W. F. Dramburg, D.D.S., Milwaukee, Wis.

Nitrous Oxid-Oxygen Anesthesia for Difficult Extractions. H. R. Francis, D.D.S., Toledo, Ohio.

The Annual Dinner of the Interstate Anesthetists will be served in Parlor B of the Claypool Hotel at 6 o'clock on the evening of September 25, at \$2 a cover. It will be informal and the ladies are cordially invited to attend.

MORNING SESSION, September 26, 9 a. m.

Some Experimental Observations on Blood Changes Due to Anesthesia. W. E. Bure, M.D., Urbana, Ill.

Some Improved Methods and Apparatus for Experimental Anesthesia. John A. Higgins, M.D., Chicago.

The Physio-Pathology of Ethyl Chlorid. E. H. Embley, M.D., Melbourne, Australia.

The Influence of Chloroform on the Stability of Red Blood Cells. E. Silberstein, M.D., Cincinnati, Ohio.

Ether Therapy in Tuberculous Infections. W. E. Savage, M.D., Cincinnati.

AFTERNOON SESSION, September 26, 2 p. m.

Joint Session with the Indiana State Medical Association

Nitrous Oxid Anesthesia in Cesarean Section and Operative Obstetrics. E. I. McKesson, M.D., Toledo, Ohio.

Ether Hypnosis in Psychotherapy. Frank R. Starkey, M.D., Detroit.

Cotton-Process Ether and Ether Analgesia. James Cotton, M.D., Toronto, Canada.

A Clinical Study of Blood Pressure, Pulse Pressure and Hemoglobin in Postoperative Shock, Hemorrhage and Cardiac Dilatation. John Osborn Polak, M.D., Brooklyn.

Anesthesia in the Curriculum and Clinic. Willis D. Gatch, M.D., Indianapolis.

OFFICERS AND EXECUTIVE COMMITTEE

E. I. McKesson, M.D., Toledo, Ohio, chairman; John J. Buettner, M.D., Syracuse, N. Y., vice-chairman; F. H. McMechan, M.D., Avon Lake, Ohio, secretary-treasurer.

Emmett F. Horine, M.D., Louisville, Ky.; E. M. Sanders, M.D., Nashville, Tenn.; Wesley Bourne, M.D., Montreal, Canada; Bion R. East, D.D.S., Detroit, Mich.; Thos. L. Dagg, M.D., Chicago; Paul Cassidy, D.D.S., Cincinnati, Ohio.

Following is the list of county representatives for Volunteer Medical Service Corps:

Adams	J. S. Boyers, Decatur.
Allen	M. F. Porter, Fort Wayne.
	E. E. Morgan, Fort Wayne.
	Kent E. Wheelock, Fort Wayne.
Bartbolomew	F. D. Norton, Columbus.
Benton	David E. Mavity, Fowler.
Blackford	Samuel Hollis, Hartford City.
Boone	H. N. Coons, Lebanon.
Brown	W. T. Selfridge, Helmsburg.
Carroll	W. R. Quick, Delphi.
Cass	C. L. Thomas, Logansport.
	J. M. Stewart, Logansport.
Clark	David C. Peyton, Jeffersonville.
Clay	John D. Sourwine, Brazil.
Clinton	Stephen B. Sims, Frankfort.
Crawford	Fred R. Gobbel, English.
Daviess	Chas. P. Scudder, Washington.
Dearborn	H. H. Sutton, Aurora.
Decatur	D. W. Weaver, Greensburg.
DeKalb	Francis M. Hines, Auburn.
Delaware	Isaac N. Trent, Muncie.
	G. W. Kemper, Muncie.
Dubois	John P. Salb, Jasper.
Elkhart	James A. Work, Sr., Elkhart.
	Geo. W. Spohn, Elkhart.
Fayette	Frank J. Spillman, Connorsville.
Floyd	E. P. Easley, New Albany.
Fountain	Alva Spinning, Covington.
Franklin	Samuel A. Gifford, Laurel.
Fulton	C. J. Loring, Rochester.
Gibson	Marshall P. Hollingsworth, Princeton.
Grant	W. A. Fankboner, Marion.
	Edwin M. Trook, Marion.
Greene	J. W. Clifford, Worthington.
Hamilton	E. C. Loehr, Noblesville.
Hancock	James M. Larimore, Greenfield.
Harrison	William Daniel, Corydon.
Hendricks	Amos Carter, Plainfield.
Henry	O. E. Holloway, Knightstown.
Howard	James W. Wright, Kokomo.
Huntington	C. H. Good, Huntington.
Jackson	M. F. Gerrish, Seymour.
Jasper	Ed. C. English, Rensselaer.
Jay	Chas. W. Mackey, Portland.
Jefferson	R. W. Cochran, Madison.
Jennings	W. H. Stemm, North Vernon.
Johnson	L. L. Whitesides, Franklin.
Knox	A. B. Knapp, Vincennes.
Kosciusko	C. E. Thomas, Leesburg.
Lagrange	Andrew R. Wyatt, Lagrange.
Lake	E. M. Shanklin, Hammond.
	James C. Gibbs, Crown Point.
LaPorte	Milton S. Smith, LaPorte.
Lawrence	F. S. Hunter, Bedford.
Madison	Horace E. Jones, Anderson.
	John W. Cook, Pendleton.
Marion	David Ross, Major Geo. M. Wells, E. E.
	Earp, A. C. Kimberlin, Chas. E. Ferguson,
	Jas. H. Taylor.
Marshall	Samuel C. Loring, Plymouth.
Martin	J. C. Trueblood, Loogootee.
Miami	E. H. Griswold, Peru.
Monroe	Otto F. Rogers, Bloomington.
Montgomery	W. T. Gott, Crawfordsville.
Morgan	Herschell C. Robinson, Martinsville.
Newton	C. E. Triplett, Jr., Morocco.
Noble	C. B. Goodwin, Kendallville.
Ohio	O. P. Ford, Rising Sun.
Orange	Robert E. Baker, Orleans.
Owen	Allen Picson, Spencer.
Parke	H. C. Rogers, Rockville.
Perry	Wm. H. Muelchi, Tell City.
Pike	John T. Kime, Petersburg.
Porter	O. B. Nesbit, Valparaiso.
Poscy	D. C. Ramsay, Mt. Vernon.
Pulaski	G. W. Thompson, Winamac.
Putnam	Eugene Hawkins, Greencastle.
Randolph	Granville Reynard, Union City.
Ripley	R. T. Olmsted, Versailles.
Rush	John Chase Sexton, Rushville.

St. Joseph John B. Berteling, South Bend.
 John B. Stoltz, South Bend.
 Scott Henry R. Casey, Austin.
 Shelby Thomas G. Green, Shelbyville.
 Spencer W. H. Williams, Dale.
 Starke Stephen I. Brown, Knox.
 Steuben Theo. F. Wood, Angola.
 Sullivan R. H. Van Cleave, Farmersburg.
 Switzerland John P. Ward, Vevay.
 Tippecanoe Richard B. Weatherill, Lafayette.
 Tipton Martin V. B. Newcomer, Tipton.
 Union Garrett Pigman, Liberty.
 Vanderburgh A. M. Hayden, Evansville.
 John M. Vaughman, Evansville.
 Vermilion Otis M. Keyes, Dana.
 Vigo David R. Uher, Terre Haute.
 S. M. Rice, Terre Haute.
 Wabash James Wilson, Wahash.
 Warren S. S. DeLancy, Williamsport.
 Warrick Wm. Henry Mills, Boonville.
 Washington Chas. W. Murphy, Salem.
 Wayne Geo. R. Hays, Richmond.
 Wells Lucerne H. Cook, Bluffton.
 White J. D. McCann, Monticello.
 Whitley David S. Linvill, Columbia City.

VOLUNTEER MEDICAL SERVICE CORPS.—Instructions to County Representatives. a. See or delegate someone to see every doctor in your county. This may be accomplished by: (1) Calling your county committee into extra session for this purpose; (2) calling doctors to your office for personal conference; (3) calling on them personally.

You will be permitted to call to your assistance other men in your county who in your opinion will be helpful in thoroughly and quickly completing the canvass.

b. Offer an application blank to every doctor in your county who has not received one from this office.

c. In the event a person solicited does not sign the application for membership in the Volunteer Medical Service Corps, list the full name, the address, and reason given on the blank furnished for that purpose.

d. After completing the canvass, promptly forward all reports and applications to this office in franked envelopes provided for the purpose.

Let it be your rule to not be offensive to any whom you consult regarding their application. It is not our desire to coerce. Sympathetic reason is the course to be pursued, always being sure to impress the fact that each doctor, man and woman, is being recorded.

You are directed to state that those signing applications will only be called on when their services are actually needed, and will only be assigned to special duty when circumstances require.

In every instance reasonable notice will be given whereby important personal business matters can be arranged before being called into service. We trust you will find it consistent to proceed at once to make this plan effective.

You can render no more patriotic service at this time than by giving this matter your prompt, personal attention.

ORDERS to officers of the Medical Reserve Corps, as pertains to Indiana doctors, during the month of August:

To report by wire to the commanding general, Central Department, for assignment to duty, Lieuts. JOSEPH F. GILLESPIE, Greencastle; CHARLES J. COOK, Indianapolis; PIERRE G. FERMIER, Leesburg.

To Rockefeller Institute for instruction in laboratory work, and on completion to Army Medical School for duty, from Camp Lee, Lieut. EDWIN M. KIME, Indianapolis.

To Washington, D. C., for duty, Lieut. WILLIAM A. HOLIS, Hartford City.

To Camp Meade, Admiral, Md., base hospital, Capt. JOHN M. FOOTS, Richmond; Lieut. JOHN L. GLENDENING, Indianapolis.

To Camp Shelby, Hattiesburg, Miss., base hospital, Lieut. HERBERT L. BUCKLES, Hartford City.

To Camp Upton, L. I., N. Y., for duty, Lieut. SAMUEL A. SMOOTS, New Middletown.

To Camp Wadsworth, Spartanburg, S. C., base hospital, Lieut. ARCHIE F. SCHULTZ, Lafayette.

To Fort Benjamin Harrison, base hospital, Capt. JOHN T. WHEELER, Indianapolis; Lieut. GEORGE B. HUNT, Richmond.

To Fort McPherson, Ga., for duty, from Camp Gordon, Capt. MERTON A. FARLOW, Milroy.

To Fort Oglethorpe for duty, from Fort Riley, Major MAURICE H. KREBS, Huntington. For instruction, Major FRANK B. HUMPHREYS, Angola; Capt. JAMES B. YOUNG, Cumberland; SAMUEL W. HERVEY, Fortville; CHARLES M. GIBBS, Greenfield; JULIUS A. CHEVIGNY, Hammond; JOHN W. SHAFER, Lafayette; JOHN T. McFARLAN, Williams; Lieuts. JOHN C. ARMINGTON, Anderson; TERRENCE E. DARNELE, Ashley; CHARLES C. MARSHALL, Aurora; CHARLES H. SCHENK, Berne; FRED A. METTS, Bluffton; HARRY M. PELL, Brazil; PEARL R. BENNETT, Bridgeton; ALFRED B. COYNER, Chalmers; WILLIAM E. AMY, Corydon; EDWARD H. W. KUPKE, Francesville; SAMUEL PEARLMAN, EARL VAN REED, Lafayette; LUTHER H. RATLIFF, Lawrence; UTHIE R. WILSON, Lynnville; WILLARD B. ASHBY, Oakland City; SCHUYLER F. TEAFORD, Paoli; MARK M. MORAN, Portland; MERLE D. GWIN, Rensselaer; from Fort Riley, Lieut. ROBERT C. SHANKLIN, South Bend.

To Hoboken, N. J., for duty, Lieut. FRANK H. MERVIS, Indiana Harbor.

To New Haven, Conn., for duty, Lieuts. EDWARD J. RICHSTEIN, Princeton; JOSHUA M. GORDON, South Bend. Yale Army Laboratory, for instruction in bacteriology, Lieut. FRANK P. HUNTER, Lafayette.

To New York City, Bellevue Hospital, for instruction, and on completion to Camp Devens, Ayer, Mass., base hospital, Lieut. HENRY C. BRAUCHLA, Indianapolis.

To Camp Dix, Wrightstown, N. J., for duty, from Fort Oglethorpe, Capt. GEORGE H. VAN KIRK, Kentland; Lieut. OLIVER M. JOHNSON, Kokomo.

To Camp Dodge, Des Moines, Iowa, base hospital, from Fort Oglethorpe, Lieut. SAM W. HOOKE, Noblesville. For duty, from Fort Benjamin Harrison, Lieut. CHARLES J. COOK, Indianapolis; from Fort Snelling, Capt. ROSS B. BRETZ, Evansville.

To Camp Gordon, Atlanta, Ga., base hospital, Capt. CHARLES BOSENBURY, South Bend; Lieut. LAW E. SOMERS, Craigville. For duty, Lieuts. ROSS A. COOPER, Carmel; MARVIN F. FISHER, Le Fontaine.

To Camp Lee, Petersburg, Va., base hospital, from Camp Hancock, Lieut. JOHN W. THOMSON, Garrett. For duty, Lieut. WALTER P. ROBINSON, Boonville.

To Camp MacArthur, Waco, Texas, base hospital, Lieut. CARL V. DAVISSON, West Lafayette.

To Camp Upton, L. I., N. Y., base hospital, Capt. ROLLO J. PIERCE, Richmond.

To Camp May, N. J., for duty, Lieut. FREDERICK C. POTTER, Indianapolis.

To Fort Oglethorpe for instruction, Capt. JAMES W. BENHAM, Columbus; HERBERT A. RAY, MAURICE I. ROSENTHAL, Fort Wayne; DULANIA S. WIGGINS, New Castle; CHARLES C. DUBOIS, Warsaw; Lieuts. PERRY L. FERRY, Akron; ORRIS O. MELTON, Hammond.

To Fort Ontario, N. Y., base hospital, from Plattsburg Barracks, Major THOMAS B. C. KEENE, Indianapolis.

To Fort Riley for instruction, Capt. VERNON C. PATTON, ROLAND A. WILTSHIRE, Morrilton; ROBERT A. CUSHMAN, Princeton; MARK C. HUNN, Shipshewanam; Lieuts. EARL J. CRIPE, Atwood; LEON E. WETSELL, Bloomington; ROBERT W. HAWKINS, Brazil; PAUL C. GRAHAM, Columbus; EDMUND C. GRAY, Greensburg; FRANCIS H. RILEY, Linnsburg; WALTER S. GIVEN, MARTIN E. PATTON, Indianapolis; HERMAN S. BOWLES, Muncie; SILVA I. GREEN, St. Bernier; CLAUDE S. BLACK, Warren; CLARENCE E. BOYD, West Baden; VIERL C. GRIFFIS, Williamsburg.

To Mineola, L. I., N. Y., for instruction, from Austin, Texas, Lieut. BYRON J. PETERS, Kokomo.

To New Haven, Conn., for duty, Capt. MALCOLM L. SAMMS, Batesville.

To New York City, Bellevue Hospital, for instruction, and on completion to Camp Upton, L. I., N. Y., base hospital, Lieut. HARRY E. GOWLAND, Valparaiso.

To Army Medical School for instruction, from Fort Oglethorpe, Lieut. J. R. YOUNG, Cumberland.

To Camp Beauregard, Alexandria, La., for duty, from Camp Travis, Lieut. H. L. COOPER, South Bend.

To Camp Bowie, Fort Worth, Texas, base hospital, from Fort Oglethorpe, Capt. D. COHEN, Jeffersonville. For duty, from Western Department, Lieut. T. B. JOHNSON, Jamestown.

To Camp Custer, Battle Creek, Mich., base hospital, Capt. G. C. JOHNSON, Evansville; Lieuts. C. H. MEAD, Bluffton; J. A. M. ASPEY, Hope. For duty, from Camp Dodge, Capt. G. H. PENDLETON, Indianapolis. With the board examining the command for nervous and mental diseases, Lieut. P. S. JOHNSON, Sheridan.

To Camp Dodge, Des Moines, Iowa, base hospital, Lieut. B. L. CODY, Evansville. For duty, from Fort Benjamin Harrison, Lieut. L. A. SALB, Jasper.

To Camp Grant, Rockford, Ill., base hospital, Capt. A. P. MORGAN, Lafayette; Lieuts. V. GORDON, Blountsville; J. F. SWAYNE, Mecca.

To Camp Greene, Charlotte, N. C., base hospital, Capt. J. R. YUNG, Terre Haute.

To Camp Jackson, Columbia, S. C., base hospital, Capt. W. N. CULMER, Bloomington.

To Camp Lee, Petersburg, Va., base hospital, Lieut. J. L. REDDING, Bluffton.

To Camp MacArthur, Waco, Texas, base hospital, from Camp Shelby, Lieut. C. V. DAVIDSON, West Lafayette. For duty, Lieut. I. H. SONNE, Corydon.

To Camp Travis, Fort Sam Houston, Texas, for duty, Lieut. A. A. YOUNG, Hammond.

To Camp Upton, L. I., N. Y., for duty, from Fort Oglethorpe, Lieut. K. C. FITZGERALD, New Harmony.

To Camp Wheeler, Macon, Ga., base hospital, from Camp Gordon, Lieut. W. G. THORNE, Columbus; from Camp McClellan, Lieut. H. H. MARTIN, Laporte.

To Fort Benjamin Harrison, Ind., for duty, from Central Department, Lieut. C. J. COOK, Indianapolis.

To Fort Des Moines, Iowa, base hospital, from Camp Custer, Capt. J. C. GLACKMAN, Hatfield.

To Fort McHenry, Md., base hospital, from Camp Greene, Lieuts. G. C. PRICE, Judson; J. E. FREED, Terre Haute.

To Fort Oglethorpe for duty, from New York City, Lieut. C. A. MARSH, Newcastle. For instruction, Capt. S. C. NORRIS, Anderson; W. R. DAVIDSON, Evansville; J. P. SEALE, Fairmont; I. E. MORRIS, Fort Wayne; B. W. CHIDLAWE, Hammond; S. MCGAUGHEY, Indianapolis; H. L. SWEZEY, Lafayette; H. J. THOMPSON, Laporte; C. M. DUPUY, Riley; R. D. BLOUNT, Valparaiso; R. V. MURRAY, Zanesville; Lieuts. B. A. KING, Cicero; D. R. GOOD, Greenwood; E. RUPEL, L. H. STAFFORD, Indianapolis; E. M. BENNETT, Jamestown; D. HART, Montgomery; H. L. WAGNER, Peru; J. C. STAFFORD, Plainfield; W. S. COLEMAN, Rushville; J. H. HEWITT, Terre Haute; F. M. RUBY, Union City; C. S. ALBERTSON, Walton.

To Fort Ontario, N. Y., base hospital, from Camp Sheridan, Lieut. F. L. REESE, Bicknell.

To Fort Riley for instruction, Capt. R. E. JONES, Clayton; P. O. ENGLERTH, North Judson; S. A. CLARK, South Bend; C. L. ROWLAND, West Point; Lieuts. W. E. BARNES, Evansville; J. M. TITUS, Hebron; J. H. EBERWEIN, L. C. HICKS, H. R. WILLAN, Indianapolis; C. J. BROCKWAY, F. L. PYKE, Lafayette; J. C. ROSS, Marion; M. A. MCDOWELL, Peru; A. H. RHODES, Princeton.

To Lee Hall, Va., for duty, from Camp Greene, Lieut. G. W. KIMBALL, Laporte.

To report to the commanding general, Central Department, for assignment to duty, Capt. S. R. CLARK, Petersburg.

The following order has been revoked: *To Camp Dodge*, Des Moines, Iowa, for duty, from Fort Benjamin Harrison, Lieut. C. J. COOK, Indianapolis.

To Camp Dodge, Des Moines, Iowa, base hospital, Lieut. R. W. WOOD, Newton. For duty from Western Department, Lieut. J. B. OWEN, Central City.

To Camp Gordon, Atlanta, Ga., base hospital, Capt. J. B. KEOGH, Dubuque.

To Camp Grant, Rockford, Ill., for duty, from Chicago, Lieut. B. C. HAMILTON, Jr., Jefferson.

To Camp McClellan, Anniston, Ala., base hospital, from New York, Lieut. B. T. WHITAKER, Boone.

To Camp Pike, Little Rock, Ark., for duty, from Camp Travis, Capt. W. A. BATES, Neola.

To Camp Shelby, Hattiesburg, Miss., base hospital, from New York, Lieut. W. S. CHESTER, Britt.

To Camp Sheridan, Montgomery, Ala., base hospital, from Camp Dix, Major A. R. HOOVER, Des Moines.

To Camp Sherman, Chillicothe, Ohio, base hospital, from Camp Zachary Taylor, Lieut. L. B. AMICK, Millersburg.

To Camp Upton, L. I., N. Y., base hospital, from Camp Grant, Lieut. J. E. EDGINGTON, Washington; from Camp Zachary Taylor, Lieut. C. E. MOORE, Newton.

To Fort Oglethorpe for instruction, Capt. B. J. CALLAHAN, Livermore; J. D. BROWNSON, Monona; Lieuts. V. H. HASEK, East Cedar Rapids; T. F. E. BESS, Fort Madison; C. E. CHENOWETH, Iowa City; F. L. SECOY, Sioux City.

To Fort Riley for instruction, Capt. E. I. WOODBURY, Burlington; N. W. JOHNSON, Cedar Rapids; F. E. CRESSLER, Churdan; A. M. SHERMAN, Clarinda; J. E. KESSELL, Des Moines; C. D. HARLAN, Keswick; H. M. HOAG, Mason City; Lieuts. W. DIVEN, Atlantic; W. F. AMDOR, Carbon; R. J. MATTHEWS, Clarinda; C. C. BOWIE, Dedham; C. A. MCGUIRE, Dubuque; W. H. MOTT, Farmington; J. L. CRUZEN, Lacona; C. A. MILLER, Nevinville; E. L. HOLLIS, Rolf; C. H. GRAENING, Waverly; J. T. CARMODY, Wesley.

To Fort Sill, Okla., for duty, from Camp Greene, Capt. T. L. LONG, Woodward.

To Fort Thomas, Ky., for duty, from Chicago, Capt. A. B. PHILLIPS, Clear Lake.

To Hoboken, N. J., base hospital, from Camp Crane, Lieut. I. J. GIBSON, Fontanelle. For duty, from Camp Crane, Capt. N. McP. WHITEHILL, Boone; E. D. TOMPKINS, Clarion; from Fort Oglethorpe, Lieut. E. P. WEIH, Clinton.

To New Haven, Conn., for duty, Capt. J. T. PADGHAM, Grinnell.

To Yale Army Laboratory School, for duty, from Fort Leavenworth, Lieut. D. M. NYQUIST, Eldora.

To report to the commanding general, Central Department, for assignment to duty, Capt. F. N. MEADE, F. L. VANDERVEER, Cedar Falls; Lieut. H. H. HUNT, Hazleton.

To Waynesville, N. C., for duty, from New Haven, Lieut. M. D. JEWELL, Decorah.

To Willoughby, Ohio, for duty, from Camp Sherman, Capt. G. A. PLUMMER, Cresco.

To Ann Arbor, Mich., Psychopathic Hospital, for intensive training, Lieut. E. K. HOLT, Indianapolis.

To Camp A. A. Humphreys, Accotink, Va., base hospital, Lieut. E. P. KING, Gary.

To Camp Crane, Allentown, Pa., for temporary duty, from Camp Custer, Capt. H. H. THOMPSON, Noblesville, from Camp Wadsworth, Major H. M. HOSMER, Gary.

To Camp Dodge, Des Moines, Iowa, base hospital, Lieut. E. N. BENNETT, Kokomo.

To Camp Greene, Charlotte, N. C., for duty, Capt. T. R. COOK, Bloomfield; Lieut. D. MACKEY, Hobart; from duty as a private, Lieut. J. M. TITUS, Hebron.

To Camp Meade, Admiral, Md., for duty, Lieut. W. D. INLOW, Manila. *To examine the command* for nervous and mental diseases, Lieut. B. D. PAUL, Brookston.

To Camp Sevier, Greenville, S. C., base hospital, Capt. O. E. FINK, Terre Haute.

To Camp Shelby, Hattiesburg, Miss., base hospital, Lieut. M. S. HARMON, Laporte.

To Camp Sherman, Chillicothe, Ohio, base hospital, Lieut. E. B. RUSCHLI, Lafayette.

To Camp Wadsworth, Spartanburg, S. C., base hospital, from Fort Slocum, Major H. M. HOSMER, Gary.

To Camp Zachary Taylor, Louisville, Ky., base hospital, Lieuts. J. W. CARMACK, F. C. DENNY, Indianapolis.

To Charleston, S. C., for duty, Capt. E. R. SISSON, Greenfield.

To Fort Monroe, Va., for duty, from Camp Upton, Capt. G. W. ANGLIN, Warsaw; from Fort McPherson, Lieut. W. F. JOHNSON, Indianapolis.

To Fort Oglethorpe for instruction, Lieuts. A. C. PFWORTH, Indianapolis; W. F. GOSSLER, Marion; E. E. PARKER, Oxford; O. A. BYERS, Petersburg; W. McQUEEN, Quincy.

To Fort Ontario, N. Y., base hospital, from Camp Sheridan, Lieut. F. L. REESE, Bicknell.

To Fort Riley for instruction, Capt. L. ROGERS, French Lick; C. A. DRESCH, Michawaka; Lieuts. V. G. BLACK, Fishers; E. O. NEWLIN, Fontanet; O. D. LUDWIG, F. L. TRUITT, Indianapolis; R. E. DAVIS, Madison; G. L. GIBBONS, Mitchell; H. H. ISAACS, Tangier.

To Fort Sam Houston, Texas, for duty, from Fort Riley, Lieut. C. S. BLACK, Warren.

To Fort Sill, Okla., for duty, Capt. A. FUNK, New Albany.

To New Haven, Conn., Yale Army Laboratory School, for instruction, Lieut. F. A. KIMBLE, Anderson.

To report to the commanding general, Central Department, for assignment to duty, Capt. J. L. McBRIDE, Zanesville.

To Walter Reed General Hospital, Takoma Park, D. C., for temporary duty, Lieut. H. ALDRICH, Fairmont.

The following order has been revoked: *To Fort Oglethorpe* for instruction, Capt. S. C. NORRIS, Anderson.

CORRESPONDENCE**ENROLLMENT OF PHYSICIANS**

WASHINGTON, D. C.,
August 12, 1918.

Editor THE JOURNAL:

On August 8 the following statement was authorized by the War Department, signed by Newton D. Baker, Secretary of War:

"The War Department today has suspended further volunteering and the receipt of candidates for officers' training camps from civil life. This suspension will remain in force until the legislation now pending before the Congress with regard to draft ages is disposed of and suitable regulations drawn up to cover the operation of the selective system under the new law. . . ."

Fearing that this order might be misinterpreted by doctors who would not distinguish between enlistment as a private soldier and enrollment as an officer in the Medical Reserve Corps, on August 9 I asked the Secretary of War to issue a statement making clear this point.

In response to this request on August 10 the following statement was authorized by the War and Navy Departments:

"Orders issued by the War and Navy Departments on August 8 suspending further volunteering and the receipt of candidates for officers' training camps from civil life do not apply to the enrollment of physicians in the Medical Reserve Corps of the Army and the Reserve Force of the Navy. It is the desire of both departments that the enrollment of physicians should continue as actively as before so that the needs of both services may be effectively met.

(Signed) NEWTON D. BAKER,
Secretary of War.

(Signed) JOSEPHUS DANIELS,
Secretary of the Navy.

It is desirable that the definite attention of the medical profession be called to this interpretation in order that enrollment for the Medical Reserve Corps of the Army and the Reserve Force of the Navy which is going on so rapidly at the present time, shall not be interrupted. Trusting that you will give this prominent space in the next issue of your journal and such editorial comment as you may deem desirable, I am

Very truly yours,
FRANKLIN MARTIN,
Chairman, General Medical Board.

SOCIETY PROCEEDINGS**DELAWARE-BLACKFORD**

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. building, Friday evening, August 2, and was called to order at 8:15 by President O. E. Spurgeon.

It was ordered that the secretary invite the several candidates for the State Legislature to attend our meetings and define their attitude toward the medical practice act and other relevant measures likely to come before the next session of that body.

Nurse Biebesheimer, a state worker representing the Anti-Tuberculosis Society, was present and spoke in the interest of, and solicited the cooperation of physicians in the effort to more intelligently handle the tuberculosis problem in our county. She explained that the purpose of the survey of the tuberculosis situation was to enable the society to obtain better control of the patient; and the methods of procedure are along educational and constructive lines, and the campaign will not close till a well organized city clinic and county sanatorium are at least in sight.

In Delaware County (population 53,000), from sixty-one to seventy-four persons die every year from pulmonary tuberculosis, a preventable disease.

The tuberculosis nurse should be skilled in social service, and an expert housekeeper. Health conservation is the great duty, and well-kept homes are essential. This society has a definite work and is no charity organization and does not usurp the rights or purposes of any other concern.

Seventy tubercular patients have recently been visited and in many instances the housing and home surroundings were bad.

Some patients, their families and friends consider it a clever trick if they can deceive their physician and evade some rule of conduct or disobey some order even though the disobedience is a distinct disadvantage to the patient or themselves.

Miss Biebesheimer told of the danger lurking around soft drink stands and ice cream booths. She cited one instance where she saw a known tubercular girl order a drink at the refreshment stand in our McCulloch park. After the glass was emptied it was indifferently dipped into a tank of cold water that had served such a purpose for several hours on a busy day, and without washing or wiping was placed on the rack, ready for the next customer.

The speaker said she was not a diagnostician and did not wish to pass as such, yet asserted that she believed many physicians were treating patients for various ailments when a careful examination would disclose the tuberculosis bacilli. The main purpose of the proposed clinic is to afford a diagnosis early enough so that intelligent care and treatment will give the victim a chance for his life.

The subject was discussed by Drs. Spurgeon, Whitney, Berry, Morrow, Bucklin, Cecil, Wadsworth, Quick, and Mrs. Lincoln Lesh.

Adjourned. H. D. FAIR, Secretary.

DUBOIS COUNTY

The Dubois County Medical Society met in regular monthly meeting at Jasper, August 20, with a good attendance.

Dr. H. C. Knapp of Huntingburgh presented a paper on "Lymphatics of the Nose and Throat," which was widely discussed. Following this paper and discussion, a "Round-table talk" on the Medical Aspect and Status of the Profession and the War.

The meeting was full of enthusiasm.

Adjourned.

W. F. RUST, Secretary.

FULTON COUNTY

At the request of Dr. and Mrs. B. F. Overmire of Leiters Ford, the regular monthly meeting of the Society was held at their palatial home, Aug. 9, 1918.

At 2 p. m. the meeting was called to order with a goodly number of the members and others of the surrounding community being present. Dr. W. T. Bertrand of Coloma, Mich., a former partner of Dr. Overmire, was selected to act as president.

The subject of Pleuritic Diseases was discussed by Dr. C. L. Slonaker, and following his paper a general discussion was shared by all present. Dr. G. E. Hoffman led in discussing "Acidosis," and Dr. H. O. Shaffer of Rochester presented a paper on "Enteroposis," making plain some features to the benefit of all.

Following a social half hour a delicious dinner, such as the Overmires are capable of preparing—and hard to excel—was served.

At 7:30 Dr. M. N. Hadley of Indianapolis presented a paper on "Diseases of the Gallbladder." The discussion of this subject was so earnest and plain as to be practically helpful and beneficial to all.

It is fair to say that this was one of the most profitable meetings both scientifically and socially the society ever has enjoyed, and Dr. and Mrs. Overmire have started a plan, which, if followed by others, would go far toward broadening the horizon in every direction.

C. J. LORING, M.D., Secretary.

GRANT COUNTY

The Grant County Medical Society met in usual session July 23, at Swayzee, with Dr. Charles Vigus in the chair.

The secretary, Dr. E. O. Daniels, having entered military service, Dr. Nettie B. Powell was elected to that important office.

Dr. M. F. Baldwin presented a paper on the Treatment of Syphilis, which created an interesting discussion.

NETTIE B. POWELL, Secretary.

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

SILVER PROTEINATE-HEYDEN.—Said to be identical with protargol (See New and Nonofficial Remedies, 1918, p. 362). Silver proteinate-Heyden must conform with the tests, and have the properties described under protargol. The Heyden Chemical Works, New York (*Jour. A. M. A.*, Aug 17, 1918, p. 534).

CHLORAMINE-T, SQUIBB.—A brand of chloramine-T which complies with the New and Nonofficial Remedies standards. For a description of the action, uses, dosage and chemical and physical properties of chloramine-T see New and Nonofficial Remedies, 1918, p. 156. E. R. Squibb and Sons, New York.

CHLORAMINE-T SURGICAL PASTE-SQUIBB.—It contains chloramine-T, 1 Gm., in 100 Gm. of a base composed approximately of sodium stearate, 15 per cent., and water, 85 per cent. E. R. Squibb and Sons New York.

CHLORAMINE-T TABLETS-SQUIBB, 4.6 Grains.—Each tablet contains chloramine-T, 4.6 grains. E. R. Squibb and Sons, New York.

DICHLORAMINE-T, SQUIBB.—A brand of dichloramine-T which complies with the New and Nonofficial Remedies standards. For a description of the action, uses, dosage and chemical and physical properties, see New and Nonofficial Remedies, 1918, p. 157. E. R. Squibb and Sons, New York (*Jour. A. M. A.*, Aug. 31, 1918, p. 745).

PROPAGANDA FOR REFORM

THE CAUSE OF HAY-FEVER.—In the regions of the United States west of the Rocky Mountains, hay-fever may be produced by an almost entirely different flora from that which causes it in the eastern states and in Europe. This emphasized the need for determining the exact species involved, in each case before treatment for immunity may be undertaken. It has been found that the type of spring hay-fever which is very troublesome in the Sacramento Valley is attributable to a walnut tree pollen (*Jour. A. M. A.*, Aug. 10, 1918, p. 469).

ECKMAN'S CALCERBS.—This is put out by the same concern that exploits Eckman's Alternative, essentially a mixture of alcohol, calcium chlorid and cloves. Calcerbs is not sold openly as a cure for consumption, yet as an appeal to the consumptive the claims made are probably just as alluring and as dangerous as those made in the past for the "Alternative." The A. M. A. Chemical Laboratory reports that Calcerbs is sold in the form of tablets and that these contain about 20 per cent. calcium chlorid. They also contain calcium carbonate, an emodin-bearing laxative drug, such as aloes, sugar and flavoring material. That some physicians have recommended calcium salts in pulmonary tuberculosis, based on the unproved supposition that consumption is due to lime deficiency, is no excuse for a "patent medicine" concern putting out calcium chlorid under thinly veiled claims that will lead the public to infer that the preparations will cure consumption (*Jour. A. M. A.*, Aug. 10, 1918, p. 486).

KATHARMON.—The Council on Pharmacy and Chemistry reports that the Katharmon Chemical Company in advertising its "Katharmon" appeals especially to a profession whose members, if they live up to their ethical code, would not prescribe it. A comparison of the so-called formulas published for Katharmon in the past shows that they have not only varied from time to time but that in no instance was a quantitative statement with regard to all the asserted ingredients given. The A. M. A. Chemical Laboratory reports that Katharmon has an alkaline reaction and therefore cannot contain boric acid, salicylic acid, or "borosalicylic acid," as has been claimed. Katharmon is in conflict with Rules 1 and 4 of the Council on Pharmacy and Chemistry because of its indefinite and secret composition and the method of advertising it indirectly to the public; it is in conflict with Rules 10, 6 and 8 in that it is an irrational shotgun mixture sold under unwarranted therapeutic claims and under a name nondescriptive of its composition (*Jour. A. M. A.*, Aug. 10, 1918, p. 487).

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NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

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ILLUSTRATIONS—always an outstanding feature of Gray—have been added wherever important points could be made more clear, and throughout the work colored pictures have been even more extensively used than heretofore. In this respect special mention might be made of the Central Nervous System, showing dissections, and the section on the Muscles. The names of the parts are engraved, wherever possible, directly on the illustrations. Thus the nomenclature, positions, extent and relations of the parts are seen at a glance. Contrast this with the old-fashioned system of reference by letters or leaders, with its waste of time and effort.

IN the present edition the special sections on Embryology and Histology have been distributed among the subjects under which they naturally belong. New matter on Physiological Anatomy, Laws of Bone Architecture, the Mechanics and Variations of Muscles have been added.

THE use of the B. N. A. nomenclature in English is employed and important references to the literature added at the end of each section. A superb index completes all the service which it is possible for a book to render. The new Gray's Anatomy reflects all the latest accessions to anatomical knowledge and embodies all that careful thought and unstinted expenditure can combine in a text book.

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THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 24, 25 and 26, 1919

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For one year (term expires December 31, 1919), Charles Stoltz, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport. For two years (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne.

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2d—J. B. Maple, Shelburn.....	December 31, 1918	8th—G. W. H. Kemper, Muncie.....	December 31, 1918
3d—Walter Leach, New Albany	December 31, 1919	9th—William R. Moffitt, Lafayette.....	December 31, 1919
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Shanklin, Hammonnd.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1918	11th—G. G. Eckhart, Marion.....	December 31, 1918
6th—O. J. Gronendyke, Newcastle.....	December 31, 1919	12th—E. E. Morgan, Fort Wayne.....	December 31, 1919
		13th—H. M. Miller, South Bend.....	December 31, 1920

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THE JOURNAL

OF THE

INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

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ORIGINAL ARTICLES

ADDRESS

INDIANA DOCTORS AND THE WAR *

PRESIDENT'S ADDRESS

JOSEPH RILUS EASTMAN, Indianapolis

I am deeply sensible of the honor done me by my colleagues of the Indiana State Medical Association. It is a fine compliment to be recognized so graciously by one's neighbors and associates. A year ago I distrusted my ability to discharge fittingly the duties of this responsible office—doubly responsible now, when, to the pessimist, heaven is falling and earth's foundations flee, and when, to the optimist, our nation, with lofty disinterestedness, keeping its plighted word, is gaining for itself new honor and with unstained motive is advancing to benefit the cause of humanity. I feel now that many others among you are better fitted for this office.

I am sure you will acquit me of laying claim to personal success if I say, speaking for the Association, that I am not ashamed of the record of the year, of work and sacrifice. I need hardly tell you that the great burden of medical war preparedness in Indiana has fallen upon this organization. The Indiana State Medical Association has done its duty well. As we rejoice today in the growing, bounding success of our invincible American arms, as our pulses thrill with pride for the ardent, buoyant spirit and unquenchable enthusiasm of the American soldier in the field, so also we are proud of the record of the doctors in the war. There is no soldier, and I have seen the soldiers of many countries, who can match the strapping, virile American patriot who fights with gun and ideal and of the American soldiers none is better than

the Hoosier. No doctor of the belligerent Allies makes a greater sacrifice or fulfills his duty better than the American doctor, and of them all none is nobler than our professional brothers of Indiana.

Certain newspaper stories have placed me in the position of reflecting on the patriotism of Indiana physicians, this having been done with bad judgment with the view to stimulating recruiting in the Medical Officers' Reserve Corps. I refuse to rest under the indictment. I know and you all know that our profession in Indiana is not lacking in patriotism. Indiana is a patriot state. No other in the country is more resolute in its determination to sweep Hunism forever from the earth. You will realize this if you will but recall that Indiana doctors have volunteered for the war service at least twice as numerous in proportion as men have gone into other branches of the service under the selective draft. No state in the Union has sacrificed its doctors to the cause more freely than Indiana, and the figures will show it. Seven hundred and fifty Indiana physicians have applied for membership in the Medical Officers' Reserve Corps at Fort Harrison alone since the first of last January. This does not include the large number of doctors in the northern part of the state who were examined at Chicago, nor those in southern Indiana who were examined at Camp Taylor. Disregarding these rather large totals, the number of applications at Fort Harrison alone since January 1 represents twenty-four and twelve one-hundredths per cent. of the licensed physicians in Indiana under fifty-five years of age. At the present time nearly one-half of the male physicians of Indiana who are under fifty-five years of age and not physically defective have applied for commissions in the Medical Reserve Corps. One hundred and fifty to two hundred physicians are being examined at Fort Harrison every month. Before long anyone requiring

* President's address, delivered at the Indianapolis session of the Indiana State Medical Association, September, 1918.

the services of a doctor will be obliged to enter the army to get a good one. Indiana is doing her part in enabling the medical profession of the country to establish the enviable record of keeping the supply of Army physicians well up to the needs of the troops at home and abroad.

The Surgeon-General has expressed his grateful appreciation of the spirit of the Indiana medical profession in private and public statements made by him. He has recognized that Indiana is, to a greater degree than most states of the Union, a state of older doctors; he has recognized that in Indiana we have had a very high percentage of rejections of physicians applying for membership in the Medical Corps; he has recognized that the Indiana profession has responded to every call sent out from his office.

During the first year of the war the volunteering of doctors the country over exceeded the need for physicians in the Army. Therefore, the first active recruiting of Indiana physicians for the Medical Reserve Corps began with the state rally on May 7, 1918, the anniversary of the sinking of the *Lusitania*, when meetings were held in more than sixty counties of the state. This was in response to the first call for active, organized effort in this direction which came from the Surgeon-General's office. The patriotic gatherings mentioned were arranged under the direction of the state committee of the medical section of the Council of National Defense. Their success was due to the hearty cooperation received from the county secretaries of the Indiana State Medical Association.

The center of this particular activity, as of most other activities which relate to the Indiana medical profession in the war, was the office of the State Medical Association, at present in charge of Mr. F. E. Raschig, acting executive secretary. Here permit me to refer to the earnest, intelligent conduct of this office by Mr. Raschig. When I assumed the presidency of the Association, I confess I did not appreciate the need for an executive secretary, a layman, who, it seemed to me, could know but little of the affairs of physicians. I was very wrong. The executive office with Mr. Raschig in charge is, to every one who knows what goes on there, an indispensable factor in medical war work in Indiana. Mr. Raschig has, to my knowledge, worked with devotion and ability of an unusually high order. He deserves the appreciation and endorsement of this organization.

At the county rally meetings above mentioned formal application blanks for the Medical Reserve Corps were given out to the doctors present, and many were signed and sent to the executive office of the Association. These rally meetings produced a marked acceleration of recruiting in the Medical Corps. Early in the war the state committee of the medical section of the Council of National Defense, supported financially and otherwise by the State Council of Defense appointed by Governor Goodrich, succeeded in classifying every doctor in Indiana according to age, medical training, physical condition, etc. However, in order to amplify this work and pursuant to instructions from the National Council of Defense, a special Committee on Classification was formed, with Dr. Albert E. Sterne of Indianapolis as chairman. Dr. Sterne, with his well-known enthusiasm and aided by earnest co-workers, sent forms to an appointed representative in every county asking that this county agent supply confidential information covering each doctor's dependencies, financial standing, loyalty, community need, etc. By this means we have been able to provide the Surgeon-General with important data relating to practically every doctor in Indiana.

At present the Surgeon-General and the Council of National Defense are promulgating a plan to enroll every reputable physician in what is known as the Volunteer Medical Service Corps. An application for membership in this organization carries with it a pledge that the applicant, be he old or young, places himself at the service of his country if, all things considered, he is available and desirable. The Volunteer Medical Service Corps is being organized by a special committee, the chairman of which is Dr. Frank B. Wynn. Dr. Wynn has been spending all of his time in this work, having an office in the Council of Defense Building in Washington.

I am sure you would all be proud if you knew with what devoted interested attention to duty the members of Indiana's medical war committees have labored during the last year. It would be invidious to single out the name of any one of them. You know who they are—the members of the state committee of the Council of National Defense, the medical section of the governor's council, of which Dr. C. P. Emerson is chairman, and the members of the county committees.

This Association has especial reason to be proud of the work done by the medical members of local examining boards and advisory

boards of the selective service. So excellent has been the work of these examiners that Indiana stands near the very top of the list of states in respect of efficiency in this department.

Many without the membership of the State Medical Association have given indispensable support to the medical war work of Indiana. Among these are Adjutant-Gen. Harry B. Smith and the state draft executive, Major Robert C. Baltzell, and there has been behind us always a cogent factor in the person of our big-minded, energetic, patriotic war governor, James P. Goodrich.

In all the medical war preparedness among civil doctors the directing hand has been that of the medical member of the President's Advisory Commission, Dr. Franklin H. Martin. Dr. Martin has been the target of much criticism, some constructive and justifiable, more of it destructive and harmful to the cause. No complete medical history of this war can be written which does not give prominence to the story of Dr. Martin's service. I believe we can follow him as a safe leader; Surgeon-General Gorgas counsels with him; Surgeon-General Blue trusts him; Surgeon-General Braisted believes in him, and he has the confidence and appreciation of the great Commander-in-Chief of our Army and Navy, the prime minister of the world, the President of the United States, Woodrow Wilson.

Let us avoid captious and meddlesome criticism of the men who are leading in the medical work at Washington. Any one who stirs up a quarrel at home because of envy belongs to the kaiser's minions. Hubert Work, who has brought to the Provost Marshal-General's Office his fine abilities for the organization of the medical affairs of the selective service, deserves our hearty thanks—so do the Mayos and Billings, who is at the head of the great work of reconstructing and reeducating the maimed and crippled and sightless soldiers, the salvage returning from the carnage. The mutilated hero is not to be treated by the republic as an object of charity. He is to be retaught, given a new and lucrative trade or profession. He is to be dignified, ennobled. Our plucky boys, after having thrashed the Prussian vandals, if given the chance, will carry on after the war no matter how many legs or arms are off. If a man have ambition he will raise himself up; if a man have music or art in him, it will come out. I have heard in Marseilles an orchestra discoursing sweet music and not one of the musicians had a natural arm, yet they played vio-

lins, cellos and horns. The music was in the men. It is related that once when Paganinni was about to play, some one displaced his Cremona and substituted a rude violin. Discovering the ruse he said, I will show you that the music is not in my violin, but in me. Whereupon, with exquisite bowing, he drew forth strains that would have entranced the sirens as did the Orphean harp. If a man is an artist, he can draw beautiful pictures with a retaught left hand. Let us show the boys the way of development of talent and genius no matter what the physical handicap may be.

There is one class to which we owe the greatest debt of gratitude. A debt we can never repay is owing to those of our profession who abandoned family and home at the call of country and went to camp and crossed the mine-strewn seas "over there" to assuage suffering and reconstruct the broken bodies of heroic American boys, to soothe their fretted nerves and to take from their wounds the venom of despair. Some of our brothers sleep already under the popped sod of France. To all those with the embattled legions overseas, and especially to the Hoosier boys, we send our heartiest greetings of thankfulness and good cheer, and may they know that we believe in their desire and power to render efficient and noble service in the struggle to overthrow the blood-thirsty legions of military autocracy to teach Wilhelm, the Imperial Brute, that U. S. means "unconditional surrender," and to establish democracy everywhere, even from Metz to Moscow and from Brussels to Belgrade. May they know that we shall welcome them home with outstretched arms and grateful hearts.

May they know that we believe firmly that the Germans will have the last word in the controversy, and that the word will be "Kamerad!"

THE MEDICAL PROFESSION IN THE WAR

DR. FRANKLIN MARTIN

Chairman of the General Medical Board, National Council
of Defense

WASHINGTON, D. C.

RESPONSIBILITY

What man or woman does not thrill with emotion when he realizes that he is privileged to live in this—the greatest world crisis in history? While privilege to live is much, responsi-

bility for the smallest act that aids the marvelous program being enacted to ensure a decent world is a responsibility that marks as an honor man each individual it affects.

The authority to speak at such a time, even if the assignment be minor, adds still greater responsibility. In speaking now, words cannot be lightly chosen; silence is better than entertaining phrases which contain no constructive message. Woe betide the prattler who is privileged to raise his voice at this time when the great searchlights of history will have been turned on these few super years of all the centuries.

Representing as I do the Chairman—acting as Chairman of the General Medical Board—I have had, in a small way, and sometimes in a large way (so large that I scarcely find that I can carry the burden), some small part, or large part, in helping to prepare the machinery of our profession in this country for the war game. To do that we had to organize.

Before the war began the President appointed seven men, and I happened to be one of them. I was given the chairmanship of Surgery, Medicine and Sanitation. How were we going to organize? We had, true, the office of the Surgeon-General of the Army, with thirty employees, a small force of officers and a small force of clerks; the office of the Surgeon-General of the Navy with about the same force, and that of the Surgeon-General of Public Health, with a much larger force, and these were in charge of the medical forces of the United States. The Army had about 400 medical men, the Navy 350 regular officers, and Public Health a small number. It was necessary to have an organization in order to amplify this department if the war was to be fought as America should help to fight it. That made it necessary to organize the lay profession, the civilian doctors, and the first thing to do was to get a committee that would assist in doing this work every strong doctor that we could in the United States. First there was a small group, thirty-five; then as these men were taken into service and put on uniform, thirty-five more. Now there are more than 100, and still the committee remains about the same in the number in action.

Who are on this committee besides the civilians? The three Surgeons-General, Gorgas, Braisted and Blue. And who else? Assisting in the office of the Surgeon-General of Public Health, Welch and Vaughan; in my office, Simpson, and in the Navy, Admiral Grayson.

This constitutes the executive committee. This great body comes together each week, with the Surgeon-Generals at the head of the table, to plan the war game. The next morning the executive committee, with the Surgeons-General, discusses the program of the day before, the plans are gone over and modified somewhat, some points eliminated, and if the plans are considered right, authorized. That has been the way we have done our business.

Do you not see that it is impossible for anyone to say that in this game any man on that General Medical Board has done anything in particular? He has only had one voice, and things are sifted down until finally they are taken to the men who have administrative power. We are only an advisory board. So far as I know, our advice has almost always been taken, because it was given in the presence of those who carry out the work, and they would naturally state their objections there and then, showing how such-and-such a plan would be impractical. That has been the way the General Medical Board has been carried on.

THE COUNCIL OF NATIONAL DEFENSE

The General Medical Board of the Council of National Defense has for its duty the observance, the gathering of information, the classification of the medical man power, the tabulation of the medical resources, and the sympathetic coordination of all these resources, personnel and material of the country, with the activities of the great war machine, which contains in its intricacies, the Army, the Navy, the Public Health Service, the munitions plants, the shipping boards, the home industries, and the protection of the institutions of learning, local hospitals and the care of the people left behind.

The Council.—Willard, Baruch, Rosenwald, Godfrey, Coffin, Gompers, Martin, Secretary of War, Secretary of Navy, Secretary of Agriculture, Secretary of Interior and Secretary of Labor.

DISTRIBUTION

The perfunctory stage of this war for America is passed. We can no longer depend on an unorganized profession to adequately meet the medical requirements of the soldiers, sailors, industrial workers and civilian population. We must be prepared to educate and graduate a larger percentage of doctors than heretofore in order to supply the national output here, and to meet the shortage of medical output in England, France and Italy.

OUR PRESENT STATUS

Our present status is as follows: Approximately 144,000 doctors available for military, naval, public health and civilian service.

Commissioned in the Army.....	26,088
Commissioned in the Navy.....	3,283
Appointed to Public Health.....	666
	<hr/> 30,037

The above number meets the present need. With the expansion of the Army to 5,000,000 and the Navy to its full authorized strength, supplemented by an enlarged Public Health Service, we must prepare to place 50,000 doctors, or more than 30 per cent. of our entire number, in uniform. That will leave for home duty 90,000 doctors of all classes and ages. Arbitrarily we may eliminate from this number as practically ineffective 20,000, leaving the effective home supply 70,000, or just about 50 per cent. of our total number. These figures represent the extreme demand when our fighting forces are fully expanded, one year or eighteen months from the present time. In the meantime, our military and naval medical departments have splendidly cared for their needs, and it is for the medical profession, in cooperation with all departments of the government, to see to it that we do not fail by one iota to care for the future demands.

THE VOLUNTEER MEDICAL SERVICE CORPS

The Volunteer Medical Service Corps was authorized by the Council of National Defense on Jan. 31, 1918. Under this authorization the membership of the corps consisted of all physicians who because of over age, physical disability, dependents and essential home needs were not eligible for service in the Medical Reserve Corps of the Army or Naval Reserve Force.

On Aug. 5, 1918, the Council of National Defense authorized a change in the scope of the organization and an increase and amplification of its Central Governing Board, as indicated in the following resolution:

"Be It Resolved, That the present Central Governing Board of the Volunteer Medical Service Corps be increased to a personnel of not exceeding twenty-five."

On Aug. 12, 1918, the Volunteer Medical Service Corps was approved by the President of the United States by the following communication:

THE WHITE HOUSE

Washington, D. C., Aug. 12, 1918.

My Dear Dr. Martin:

I have received your letter of August 5, laying before me the matured plan for the reorganized Volunteer Medical Service Corps, of which you ask my approval. This work was undertaken by you under the authority of the Council of National Defense; it has had great success in enrolling members of the medical profession throughout the country into a volunteer corps available to supply the needs of the Army, Navy and Public Health Service. In cooperation with the General Medical Board of the Council of National Defense, the strong governing board of the reorganized corps will be able to be of increasing service, and through it the finely trained medical profession of the United States is not only made ready for service in connection with the activities already mentioned, but the important work of the Provost Marshall-General's Office and the Red Cross will be aided and the problems of the health of the civilian communities of the United States assured consideration. I am very happy to give my approval to the plans which you have submitted both because of the usefulness of the Volunteer Medical Service Corps and also because it gives me an opportunity to express to you, and through you to the medical profession, my deep appreciation of the splendid service which the whole profession has rendered to the Nation, with great enthusiasm from the beginning of the present emergency. The health of the Army and the Navy, the health of the country at large, is due to the cooperation which the public authorities have had from the medical profession; the spirit of sacrifice and service has been everywhere present and the record of the mobilization of the many forces of this great republic will contain no case of readier response or better service than that which the physicians have rendered.

Cordially and faithfully yours,

[Signed] WOODROW WILSON.

To Dr. Franklin Martin,
The Advisory Commission.

Membership in the corps as now authorized makes eligible to the corps every legally qualified physician, including women physicians, holding the degree of Doctor of Medicine from a legally chartered medical school, without reference to age or physical disability, provided he or she is not already commissioned in the government service.

The Volunteer Medical Service Corps is exactly what its name indicates. It is a gentleman's agreement on the part of the civilian doctors in the United States who have not yet been honored by commissions in the Army and Navy, and a representative board of governors consisting of officials of the government association with lay members of the profession, in which the civilian physicians agree to offer their services to the government if required and asked to do so by the Central Governing Board.

It is a method of recording all physicians who are not yet in service, and classifying them so that their services when required will be utilized in a manner to inflict as little hardship on the individual as possible. It is a method by which every physician not in uniform will be entitled to wear an insignia which will indicate his willingness to serve his government.

As more than 50 per cent. of the physicians of the country will be utilized in caring for the industries and health of the home people, this large percentage of necessity will be expected to maintain their home status and continue their ordinary professional work.

OPERATING SYSTEM

1. Central Governing Board of twenty-five men.
2. Forty-nine state executive committees.
3. One representative in each county.

DUTIES

1. Central Governing Board: To receive and pass on all appointments.
2. State Executive Committees: To receive facts from county representatives and make recommendation to Central Governing Board.
3. County Representatives: To submit facts to State Committees according to advice from Central Governing Board or State Executive Committees.

NO PARTISAN TASK

Shame on him in low places or high who at this time prates of partisan politics. The honorable senator from Illinois held up to ridicule those in high places who are close to our commander in chief. He spoke of Colonel House, Mr. McAdoo and Samuel Gompers.

May I reply by asking you to consider what has really happened? Did anyone ask the partisan stand or political persuasion of Daniel Willard, of Julius Rosenwald, of Howard Coffin? Did anyone complain or inquire the politics of Hoover, Stanislaus, Ryan or Schwab? Has anyone complained of the appointment to places of honor or complain of the partisan stand of Mr. Hughes or Mr. Taft? Both quietly accepted desks—one in the Department of Justice and the other in the office of Mr. Gompers in the Federation of Labor?

And they say Mr. McAdoo has too many jobs and that Mr. Samuel Gompers has far more power than an assistant President.

This is not the first time these men have been criticized, and when the history of this war has been written they and their friends will be will-

ing to accept the verdict and be proud of the written word. Mr. McAdoo has a big job; he is doing the work of three ordinary men, and each one of his three jobs is not being handled as it would be by an ordinary man—but, thanks be to the appointment—as by an extraordinary man.

As to Samuel Gompers, it has been my privilege to be in conferences with this man about every week since he was appointed to the advisory commission. I have learned to admire him as one of the greatest patriots and greatest organizers that I have ever seen. Knowing what an extraordinary work he has done to help win this war, I want to say to you, my friends, that you ought to get down on your knees every night and thank your God for Samuel Gompers and the staunch band of patriots who are his faithful aids.

THE DRIVE

The effort of all strength in farm, hamlet, county, city, state and nation, "backed" by the administrative authority of those in command at Washington and overseas, is now to be concentrated in finishing once for all, and in the shortest possible time, the destructive activities of the Hun.

Food, clothes, munitions, flying machines, ships, guns and actual personal service on the part of men must be furnished—until the sea is filled with ships over which an army can march to Europe—until the western front, the Italian front, the Balkan front and the Russian front are crowded with fighting men carrying the Stars and Stripes, making one continuous band of pressure around the enemy country—until the skies of Prussia are overcast with aircraft planes and the land is dark, and the storm will be a hail of dynamite that will send the infernal enemy of civilization to its everlasting doom.

That, and more than the imagination can picture, is the work of this our nation today—and all must help.

INFORMATION CONCERNING THE VOLUNTEER MEDICAL SERVICE CORPS

There have been misunderstandings, and at the risk of repeating some of the things I have said I am going to ask and answer a number of the questions that have been asked in regard to this Volunteer Medical Service Corps by the men of the country. I will try to answer the question in your mind, and if I do not, tomorrow morning I will try to do so.

1. What is the Volunteer Medical Service Corps?

The Volunteer Medical Service Corps is an organization which provides means for obtaining quickly men and women for any military or civil medical service required in the war emergency. It furnishes recommendations and necessary credentials to assure the best medical service, both military and civil.

2. How should application for membership be made?

Upon request to the Volunteer Medical Service Corps, Council of National Defense, Washington, D. C., application blanks and circulars of information will be sent. When received, the application form should be filled out completely, in accordance with instructions contained in the circular of information. The application should then be mailed to the Volunteer Medical Service Corps, Council of National Defense, Washington, D. C.

3. What is to be gained by the creation of this organization?

Placing on record all medical men and women in the United States; aiding Army, Navy, Public Health Service, Provost Marshal-General's Office and the American Red Cross in supplying war medical needs; providing the best civilian medical service possible; giving recognition to all who record themselves either in Army, Navy, Public Health Service, Provost Marshal-General's Office, Red Cross activities or civilian service.

4. What is meant by classification?

It is the record of information furnished by the individual physician so that when the need arises, he may be requested to perform service that will be mutually advantageous to the individual and the service to which he may be assigned.

5. Who are eligible?

Every legally qualified physician holding the degree of doctor of medicine from a legally chartered medical school without reference to age or physical disability is eligible for membership in the Volunteer Medical Service Corps provided he or she is not already commissioned in the government service.

6. How is eligibility to the corps determined?

On information obtained from application blanks, three personal references and the executive committee of the state in which the applicant resides. Based on the information thus secured, the Central Governing Board will finally pass on applications.

7. Does membership in the corps carry with it rank and pay?

This corps is not authorized to bestow rank. Arrangements for compensation shall be made between a member requested to perform a specific duty and the agency requesting service. The matter of compensation and place of service whether with or without rank must be determined at the time said request is made. When a member of the corps accepts service in the Medical Reserve Corps of the Army, the Naval Reserve Force, the United States Public Health Service, the American Red Cross or any governmental department, he or she will be accorded the rank and pay incident to the service in the department in which he or she has enrolled.

8. Will any member of this corps be ordered to active duty?

No member will be ordered to render any service. Requests to perform specific duties according to qualifications and availability under the classification of

the Volunteer Medical Service Corps may be made from time to time as emergencies arise.

9. What will be the probable character of service member will be requested to render?

(a) Medical Reserve Corps.

(b) Naval Reserve Force.

(c) United States Public Health Service.

(d) American Red Cross.

(e) Local and medical advisory boards.

(f) State and local health departments.

(g) Medical schools and hospitals.

(h) Industrial plants.

(i) Civil communities. Caring for civil communities, stripped of medical attention. Caring for practices of physicians in military service. Reclamation of registrants rejected for physical unfitness. Services to needy families and dependents of enlisted men.

(j) Miscellaneous service.

10. If members of the corps are recommended for active military or naval service, in what order will they be recommended?

(a) Physicians under 55 years of age without dependents and without physical disabilities which are disqualifying will first be recommended. Following this group, physicians under 55 years of age without obvious physical disabilities which are disqualifying and with not more than one dependent in addition to self (Class I of the Volunteer Medical Service Corps) will be among the first to be recommended for actual war service. Any physician under 55 years of age who is without an obvious physical disability which is disqualifying and whose dependents have an income sufficient for the support of dependents other than that derived from the practice of his profession, may be recommended to enroll in the Medical Reserve Corps of the Army, the Naval Reserve Force or the United States Public Health Service when in the opinion of the respective Surgeon-Generals his services are needed.

(b) Physicians under 55 years of age without obvious physical disabilities which are disqualifying and with not more than three dependents in addition to self (Class II of the Volunteer Medical Service Corps) will be the next group to be recommended to apply for active military or naval service.

(c) The next group recommended to enroll for active duty with the Army, Navy or Public Health Service (Class III), will be physicians under 55 years of age who are without obvious physical disabilities which are disqualifying and with more than three dependents in addition to self.

11. What are the exceptions in these groups?

The exceptions in the above groups of physicians are as follows:

(a) Those essential to communities.

(b) Those essential to medical schools and hospitals.

(c) Those essential to health departments.

(d) Those essential to industries.

(e) Those essential to local and medical advisory boards.

12. How will exceptions to these groups be determined?

(a) *Essential to Communities.*—Essential community need will be determined by the Central Governing Board on recommendation of representatives of the Central Governing Board appointed by the board to make a survey of local conditions.

(b) *Essential to Institutions.*—Essential institutional need will be established after conference between

representatives of the Central Governing Board of the Volunteer Medical Service Corps and representatives appointed by the governing bodies of the institutions concerned.

(c) *Essential to Health Departments.*—Essential health department need will be determined after conference between representatives of the Central Governing Board, Volunteer Medical Service Corps and representatives of health departments.

(d) *Essential to Industries.*—Essential industrial need will be determined after conference between representatives of the Central Governing Board, Volunteer Medical Service Corps and accredited representatives of industries involved.

(e) *Essential to Local and Medical Advisory Boards.*—Essential local and medical advisory board needs will be determined after conference between representatives of the Central Governing Board, Volunteer Medical Service Corps and representatives of the Provost Marshal-General's Office.

13. When will physicians who are not classified for actual military or naval service be requested to perform service?

When the emergency arises the following may be requested to perform duties in accordance with their qualifications and expressed merits as indicated by the information contained on their application blanks:

(a) Physicians over 55 years of age.

(b) Physicians with obvious physical disabilities which are disqualifying.

(c) Those rejected for all government service because of physical disability.

14. What are some of the duties that this last group of physicians ineligible for active military service may be requested to perform?

(a) Deducting those members of the medical profession who will eventually be in active military, naval or public health service, fully 75 per cent. of the remainder will be encouraged to continue at their home duties.

(b) Some of these may be called on to supplement their private practices by performing part time service to meet community needs hitherto performed by men called to active duty.

(c) Twenty-five per cent. of those not actually engaged in war service (possibly 20,000 in number) who are now engaged in home duties but who have agreed to do work of any kind, anywhere, on request of the Central Government Board, will as the emergency arises be recommended for duty in the following places:

1. Local and medical advisory boards.
2. Medical schools and hospitals.
3. Industrial plants.
4. Health departments.
5. Communities lacking medical service.

15. How does enrolment in this corps differ from actual conscription?

The Volunteer Medical Service Corps is exactly what its name indicates. It is a gentleman's agreement on the part of the civilian doctors of the United States who have not yet been commissioned in the Army or Navy or enrolled in the Public Health Service, or in the service of the Provost Marshal-General, and a representative board consisting of government officials associated with lay members of the profession in which the civilian physicians agree to offer their services to the Government if requested to do so by the Central Governing Board.

16. In what way can this Corps aid the Government?

By recording all physicians who are not yet in service and classifying them so as to utilize the talents and facilities of individuals to the best advantage and inflict as little hardship on the individual as possible, in accordance with the letter from the President of the United States authorizing the Corps—"to supply the needs of the Army, Navy and Public Health Service . . . aiding in the important work of the Provost Marshal-General's Office and Red Cross . . . and the problems of the health of the civilian communities of the United States." It provides a method by which every physician not in uniform will be entitled to wear an insignia which indicates his willingness to serve his Government. It furnishes a method by which the medical needs of the nation may be provided for through a representative board of physicians who know the needs of the Army, Navy, Public Health Service, Red Cross and civil communities.

17. To what extent must provision be made for essential civilian and industrial medical needs?

A large percentage of the physicians of the country will be required to care for their respective home communities and to meet civilian health needs. This percentage of necessity will be expected to maintain their home status and continue their professional work.

18. Will enrolment in the Volunteer Medical Service Corps excuse a physician in the draft age from registration under the Selective Service Law or from being classified therein?

Positively not.

19. Why then enroll in the Volunteer Medical Service Corps if it does not supplant the draft?

(a) Under the Selective Service Law individuals in the draft age are registered and inducted into the service as privates. The Volunteer Medical Service Corps enrolls and classifies individuals as prospective commissioned officers, and will, when requested, assist in establishing the individual's status when he requests transfer from the enlisted forces to the commissioned branches of the service.

(b) Enrolment in the Volunteer Medical Service Corps definitely registers the physician as a patriot and provides definite governmental recognition of his willingness to serve.

20. Why should every physician in the United States enroll in the Volunteer Medical Service Corps?

(a) The unsurpassed record of volunteer enrolment for actual service on the part of the medical profession must be maintained.

(b) The Army and Navy must not be hampered for a moment for lack of doctors to care for the sick and wounded boys fighting our battles at the front.

(c) The public health must be conserved.

(d) The medical needs of the Provost Marshal-General must be adequately met.

(e) The great industries furnishing materials of war employing thousands of patriotic workers must have medical service.

(f) The home folks, the old and the young wearily waiting over here, must have doctors.

(g) Recording, classifying, and careful distribution and full utilization of our entire profession of medicine will enable us to instantly supply all demands, and our utmost resources will then be available to aid in establishing a permanent peace that will forever make this world a safe place in which women and children may live.

ADDRESS

THE SURGEONS OF THE CIVIL WAR*

G. W. H. KEMPER, M.D.

Formerly Assistant Surgeon 17th Regiment Indiana Volunteers, Wilder's Brigade, Mounted Infantry

MUNCIE, IND.

I come to you tonight as a member of the surgeons of the Civil War. I am marching with the rear guard of this almost extinct body of heroes. To their memory I would add a few words of praise. To the surgeons of the present great war I bring a message of cheer, of hope and well wishes.

Indiana sent to the Civil War 136 regiments of infantry, thirteen regiments of cavalry, one regiment of heavy artillery, twenty-five batteries of artillery, and numerous recruits.

These organizations were provided with 500 surgeons to care for the sick and wounded. One surgeon and two assistant surgeons were assigned to each regiment. In times of peril extra civilian physicians were sent to reinforce the medical department, and when the danger seemed great the governor himself went to the front to look after the welfare of the boys on the fighting line. Our great war governor, Oliver P. Morton, never forgot the men he sent out to battle for their country.

Indianapolis had a population of a little less than 17,000 inhabitants when the Civil War began. It had no hospital, no street cars, and but few of the modern conveniences of cities.

The surgeons of the Civil War met with handicaps that the surgeons of the present day will not encounter. We were not trained—the wars prior to 1861 gave us no practical experience. The surgeons of the Mexican War came home from their two years of conflict, but they bequeathed to us no printed records.

The surgeons of the Civil War assigned to the Indiana volunteers came from rural villages, and were general practitioners. So far as I can determine, there was no medical man in Indiana in 1861 who was practicing surgery exclusively. At that date there was no medical college in the state. There were few noted surgeons in the United States. Many of our surgeons had never seen inside of the abdomen of a living subject. The age of medical specialties had not dawned upon the profession.

I can only speak for Indiana, but I make no doubt that many of our surgeons of the Civil War had never witnessed a major amputation

when they joined their regiments; very few of them had treated gunshot wounds. Let us be sparing of our criticism of these men. Whatever else we may say for or against the medical men of Indiana at that period I want to say for them that they were patriotic, and willingly entered the service.



Dr. G. W. H. Kemper

The only approach to our present day Red Cross was the Christian Commission—well meaning in its purposes but limited in funds. We had no Y. M. C. A. in our camps. We had chaplains to care for the religious wants of the men, assist at the burial of the dead, and preach to us in the open air. Occasionally an itinerant evangelist visited us and sounded the gospel trumpet. We were short in books and papers,

* Address presented at the patriotic meeting of the Indiana State Medical Association, at Indianapolis, Thursday evening, Sept. 26, 1918.

but our men were orderly, moral, and I may say even religious.

We were not provided with trained nurses—male or female, as at the present day. Florence Nightingale, with a band of noble nurses went to the British army in the Crimean War in 1854, but she did not publish her book on nursing until 1859. Our women in the 60's did not accompany the armies to the front. They remained at home and toiled, and wept, and prayed as they scanned the lists of dead and wounded after our great battles. I saw but two women on a battlefield; after the battle of Farmington, Tennessee, in October, 1863, these women suddenly appeared upon the field with a bucket of water and tin cups. I don't know whether they were Union or Confederate in sympathy, but they gave a cup of cold water to the wounded—to the men clad in blue and clad in gray. If I knew their names I would honor them here tonight.

When we consider the medical men of sixty years ago, deprived of present day advancement in our art may we not congratulate them for doing their work as well as they did? Doubtless, they frequently erred, and may have performed amputations when the same member might be saved today.

Our regimental outfits were meager as compared with the present war. Our surgeons had not heard of the gospel of extreme cleanliness, as Lister did not announce his principles of antiseptic surgery until 1867—two years after the close of the Civil War.

Anesthetics were not as helpful to the surgeons of the Civil War as they are to surgeons at the present day. A distrust of anesthetics existed in the early part of the Civil War mainly due to the fact that surgeons then were not accustomed to the use of these agents. Chloroform was first used fourteen years prior to the beginning of the Civil War, and its management was not so well understood when that war began. This was the agent furnished to troops in the field—rather because it took less space in transportation than ether. The whole question of anesthesia is much better understood at the present day than it was fifty years ago.

Antitoxin and the various serums were unknown to us, and new sciences or departments of knowledge have sprung up out of veritable darkness for the advancement of medicine and surgery since that period when we toiled in the dim light of the morning preceding the midday light of discovery.

I hope no one will infer that I would speak

slightly of the surgeons of the 60's—far from it. There were giants in those days. There were medical men in the Civil War whose minds rose like mountain peaks above the handicaps of that age!

The medical men of the Civil War furnished Surgeon-General Otis with data and statistics from which he and his assistants constructed the "Medical and Surgical History of the War of the Rebellion," in six large quarto volumes—three devoted to medical, and three to surgical topics. The three volumes on medical subjects comprise 2,951 pages; the three volumes devoted to surgery comprise 2,714 pages—a total of 5,665 pages. The volumes are illustrated with valuable engravings of a high order of art showing the ravages of disease. Besides these six volumes many valuable circulars and extensive articles in medical journals were contributed by Civil War surgeons. One quarto size circular of one hundred pages is devoted to "Hip-joint Amputations," and is illustrated with numerous engravings—seven of which are finely colored pictures of successful amputations of the hip-joint.

Confederate surgeons, also, contributed many valuable articles pertaining to medical and surgical topics.

Those who contributed medical and surgical items of the Civil War deserve great praise.

The surgeons of the present war enter the service better trained than the surgeons of the Civil War. They are supplied with valuable remedies, and every needful surgical appliance. They are aided by competent nurses. They have the Red Cross, the Y. M. C. A., and millions, nay, billions of dollars at their service, and no one complains of the expense. No appeal is unheeded.

Of the several thousand surgeons who served in the Civil War a comparatively small number remain alive. The great majority of them have fallen asleep, and "have gone on that unreturning visit which allows of no excuse and admits of no delay."

"And the names we loved to hear
Have been carved for many a year
On the tomb."

Of the 500 surgeons who were commissioned by Governor Morton and went from Indiana, possibly less than one dozen remain alive. Recently, I asked in our state medical journal for the names of survivors—five answered the roll call, and I know of five others. All are old. I am about as young as any of them, and the

snows of seventy-eight winters have fallen upon my head.

The men in the ranks during the Civil War were generally volunteers. I count it one of the greatest honors of my life that I was a private soldier—a volunteer in the army of 75,000 that responded to the first call of Abraham Lincoln. These were the three months men; later, in the three years' service I was in the medical department.

The biblical story records that when the brave hero, Gideon, crossed the river Jordan to punish a band of Midian cut-throats, and when he had captured Zebah and Zalmunna, their leaders, he said to them: "What manner of men were they whom ye slew at Tabor?" And they answered: "As thou art, so were they; each one resembled the children of a King." I would apply this description to the young men of the Civil War who came to the rescue of their country—each was every inch a king.

Sometimes in our G. A. R. councils we "old boys of 1861 to 1865," almost envy the young men of today who are going abroad to fight the great battle for the world's democracy. And yet, why should we? Why desire that the shadow on the dial of history go backward ten degrees, or go forward ten degrees? Have we not lived in the greatest era of history and noble deeds?

Joel Chandler Harris says: "It is good to grow ol'." I am glad that I am old and that my lot and days have been cast in a century that has been a bank of knowledge, of wisdom and of great deeds. Much of it I have seen, and a small part of it I have been. Surely I have no cause for regret. I have looked into the face of Abraham Lincoln and heard him speak. A man once said to me that he would be willing to have his hair as white as mine if he could have seen that great man.

May I say a few words for the songs and airs of the Civil War, for we still rely upon them for inspiration. As yet, no song writer of decided merit has come to the assistance of the soldiers of the present war. We have gifted women at the present day, but of their number no Julia Ward Howe has written a poem that will supersede the "Battle Hymn of the Republic." If we desire to enthuse an audience we fall back upon "Marching through Georgia," and "Dixie." If there had been no prison pen we would not be singing "Tramp, Tramp, the Boys are Marching." The eye still moistens at "We Shall Meet but We Shall Miss Him," and various other songs of that period—songs

which "have power to quiet the restless pulse of care."

When we came to the rescue of the flag in 1861 there were thirty-six states in the Union, and the flag of that period carried that number of stars. Four years later when we emerged from the Civil War our great leader was a martyr, but not a star had been lost from the flag. Twenty-four thousand four hundred and sixteen of the sons of Indiana gave their lives for the preservation of the Union and the honor of the flag.

That same flag, sweeping so victoriously over the battlefields of Europe carries forty-eight stars; may it come home crowned with glory, and not a single star tarnished.

The members of the Grand Army of the Republic will follow the boys of the present war—boys who are our sons and grandsons—with a pride for their success, and prayers for their safety.

Our band is soon to die, but while life continues we shall never lose our interest in the welfare of the land we love so well.

As belated travelers who wait at a wayside station for a delayed train, and yet know it will surely come, so we comrades of the Civil War are waiting for the last command.

The burdens of life fall heavily upon us; that weariness for things new creeps on with age, and we are inclined to seek rest and remember the days of old, and so fail to see the new visions of the future—nay, we are dreaming dreams.

And as the shadows lengthen toward the sunset of life, pray for the departing spirit that it may enter a haven of rest. God bless the soldier of the Grand Army of the Republic—mustered out!

INDIANA IN THE WAR *

M. E. FOLEY

Chairman State Council of Defense

INDIANAPOLIS

Mr. Chairman, Ladies and Gentlemen: I am very glad of this opportunity to say a few words to you about Indiana in the war. Permit me to say, before I attempt a brief discussion of the subject, that I appreciate very much the wonderful loyalty, the patriotism and the devotion

*Address delivered at the patriotic meeting of the Indiana State Medical Association, at Indianapolis, Thursday evening, Sept. 26, 1918.

of the medical profession of Indiana in the present world war. There is no body of men in this great state of ours that is doing more for America in this crucial hour than is the Indiana State Medical Association. For several months it has been my privilege to have to do with the war activities of Indiana, and during all these months my good friends, Major Eastman and Dr. Emerson, have been untiring in their devotion to their profession and to the country in this great crisis. (Applause.)

And, ladies and gentlemen, I want to pay you this compliment as the chairman of your Council of Defense; I care not what the newspapers may say, I care not what the public may say, but the truth is and the facts are that the medical profession of Indiana is second to the medical profession of no other state in the history of war activities.

Yours is a great profession. You have to do with problems of human life from the cradle to the grave; and in this great world crisis may I not call upon you medical men here in Indiana at this hour to do all that is within your power to help America win the war and thereby save to the world the fundamentals of liberty, equality and justice. In this fight your state and my state leads every other state in the American Union in every war activity of the hour. (Applause.) All of the people of Indiana are loyal and patriotic. We have no slackers in Indiana. The great rank and file of the citizenship of Indiana are for America. They are for Old Glory, they are for the Sammys, and they are against the kaiser and against autocracy everywhere. (Applause.) In this fight I am determined that Indiana shall make the same record that we made under Lincoln and Morton sixty years ago. (Applause.)

In this great struggle the people everywhere in Indiana are supporting the President of the United States and all those in authority, not because the President represents any particular party, but because the people of Indiana know that Woodrow Wilson stands tonight where Lincoln—God bless his memory—stood nearly sixty years ago. Woodrow Wilson stands between your country and your country's flag and those who seek to destroy the country and shoot the flag to pieces. And so, God helping us, every loyal Hoosier is for the President, and every loyal Hoosier at this hour is just as loyal to that splendid, capable, honest, intelligent Governor, James P. Goodrich. (Applause.)

And so, my friends, following the leadership of these two men, we intend to write a record

in this war that shall forever reflect glory upon the Hoosier State and upon every son of the Hoosier State who shall bare his breast to the enemy's bullets, that America shall live and that her institutions shall live. We have buried in Indiana all thought of party; we have forgotten in Indiana every religious difference, and tonight three million people in Indiana, men of every party, men of every creed, and men of every nationality, are standing shoulder to shoulder and side by side fighting in a common cause for a common purpose, and against a common enemy. And, God helping us, ladies and gentlemen, we intend to make a record in the future even better than the record in the past has been in this war.

Up to the present hour Indiana's record is the greatest record of any state in the Union. But why make that statement? Let history speak. The first shot that was fired in this world struggle to destroy the kaiser and every principle for which he stands was fired by a citizen of the Hoosier State, Alexander Arch of the city of South Bend, who fired the first shot that shall be "heard around the world" before this contest shall end. The first young man in this war to give his life upon the battlefields of Europe was an Indiana man—God bless his sacred memory. James B. Gresham of Evansville, Hoosier born, was the first man to give to America his all in this indescribable conflict. The first general to lead a counter-charge upon the battlefields of Europe against the Hun was General Bundy, from the city of Newcastle, Ind. (Applause.) And, ladies and gentlemen, we intend in Indiana to do all that we can with our men and with our money and with our food to see that this counter-charge that was led by this brave young soldier shall not stop until we have driven the Hun back to Berlin. It shall not stop until we have planted Old Glory over Potsdam. It shall not stop until we sing "The Star-Spangled Banner" in the streets of Berlin. (Applause.)

Indiana will do her duty. The bravest and the noblest and truest soldier that has ever donned a uniform in behalf of liberty is the soldier from Indiana. He is the best and bravest soldier in the world because he is the son of the sweetest and noblest womanhood in the world.

We must continue everywhere the activities of this war. This is the people's war. For four long years the kaiser devastated the world, and yet in those four long years he nor no member of his household has suffered injury upon the

bloody battlefields of Europe. We have been at war a little more than a single year, and yet to night what of America? Tonight upon a nameless field in France, Quentin Roosevelt, son of your and my former President, sleeps. He has given to America all that God gave him to give, and by the side of the President's son, upon this nameless field in France, there sleeps a blacksmith's son, who was born and reared in a little village in the hills of Kentucky, and I thank God that this is the war of the President's son, this is the war of the banker's son, this is the war of the doctor's son, this is the war of the mechanic's son, this is the war of all the people of America, and because it is the people's war, ladies and gentlemen, we shall win.

I know you want to hear from this distinguished doctor (Dr. Franklin Martin) who has traveled from Washington to bring to us a wonderful message of the things that he has been doing to help us in every state in the Union, so I will not detain you. We must win this war, and we must win it because we want to save liberty, not only to the people of America, but we want to give the peoples of the world everywhere the same liberty, the same justice, the same equality that we enjoy in America under our Federal Constitution, and we not only want to win the war to make a splendid record for Indiana and to save the world for democracy, but we want to win this war to save the world for God Almighty and for the fundamentals of the religion of Jesus Christ. There is no room in this world for the bloody outlaw that has stained the world with blood, filled men's hearts with sorrow; there is no room for him in this world of ours and at the same time room for the fundamentals that were taught by the lowly Nazarene nearly two thousand years ago. And so, God helping us, we intend to do our duty. God help us in Indiana to save America; God help us in Indiana to save our flag and our institutions, and may God help the Sammies, may He save them upon the battlefield, and when this terrible war is over, may God bring the Sammy back—back to mother, back to wife, to sisters, to sweethearts, back to loved ones, the same sweet, clean, pure, honest young man he was when he enlisted in the service of his country. And when he comes back, may he bring with him your flag and my flag unstained and unsullied, recognized the world over as we recognize it here to be the greatest asset of civilization in this fight for liberty and for mankind. (Applause.)

ADDRESS *

MAJOR ROBERT C. BALTZELL
Officer in Charge of Conscription in Indiana
INDIANAPOLIS

Mr. Chairman, Ladies and Gentlemen: I deem it a great pleasure to be here. I will take only a few minutes of your time, and the things I shall say will be directed chiefly to the medical men in impressing upon them the great responsibility that lies before them within the next few months.

On the 12th day of September they registered for military service in Indiana over 350,000 men. It is our duty to dispose of this draft in the next ninety days, but I believe that Indiana will come to the front and that New Year's day will find this draft disposed of as General Crowder has asked us to do. Up to a short time ago there were all over this country army recruiting offices, and those who went into the army from these offices were examined by army surgeons. These recruiting offices have now closed and there is only one way that a man can now get into the service, and that is by induction through his local board. This adds additional responsibility to the civilian doctors to examine every man who goes into the service. There are in Indiana 124 local boards. These boards are composed of three members, one of which is a medical doctor. In addition to that we have 102 medical advisory boards on each of which there are from three to nine medical doctors. So you can see what the medical fraternity is doing in the execution of the civilian service law in Indiana.

The great task before us now, before the local boards, is to classify these 350,000 men, and physically examine those of Class 1 before New Year's Day. This has been asked by General Crowder, and we hope to see that it is done. The men in Class 1 are called for physical examination just as quickly as they are finally classified. The medical examiner of the local board makes his examination, or he may be assisted by any other doctors chosen by the local board. It is his duty if he finds any physical defects or traces of any physical defects, such as tuberculosis or anything of that kind, to refer it to the medical advisory board. This board is composed as nearly as possible of specialists along certain lines, and it is their duty further, if there is no one upon the medical advisory board who can judge of the condition of any registrant, to refer the registrant

* Address delivered at the patriotic meeting of the Indiana State Medical Association, at Indianapolis, on Thursday evening, Sept. 26, 1918.

to another board where he can be examined as he should be examined. There may be occasion for roentgen-ray examination, and some boards are not prepared nor do they have facilities for making such examinations. It will be their duty to recommend such a person to a board where this examination can be made. In this way the government is taking every precaution to make our army the most efficient army in the world, and it is taking every precaution to guard our soldiers against any contagious disease to which he may be exposed, and in every way try to prevent a man from being inducted into the army who should not be.

It is a great expense to the government to send a man into the service who is not physically qualified, because he may become a charge on the government for many years. Therefore I cannot impress it upon your minds too strongly that it is your duty to see that every man who is inducted into the service has the strictest physical examination.

We cannot impress upon the members of the local boards too much that they and the advisory boards should cooperate together in this great work. In Indiana I am pleased to say it is a great machine, the cooperation is wonderful between the medical advisory boards and the local boards, and this cooperation has been carried to such an extent that the registrants sent home on account of physical defects have been reduced materially.

After a registrant has passed a local examining and advisory board and found physically fit he then undergoes another examination by an army surgeon before he is placed in active service. You will readily see that some will be rejected after going into camp, and the Provost Marshall's office at Washington has filed statistics showing the percentage of rejections compared to the percentage of men inducted into the service. The average percentage of the United States two weeks ago was 5.83; one state has as high as 17 per cent; Indiana's percentage, I am proud to say was only 2.83. (Applause.) I want to appeal to you now that when the next statistics come forward we cut off the 2 per cent. at least. Let us reduce rejections to a minimum and see if we cannot make Indiana, instead of being the fifth state in the Union, the first state in the Union in physical rejection.

I want to compliment the doctors of Indiana upon this meeting and assure you that we have implicit faith in your fraternity and that you will do your duty in any task that is assigned to you. (Applause.)

ARMY DOCTORS

When you see a poor ungodly lookin' awkward
knock-kneed cuss
With his puttees put on crooked en his uniform a
muss,
Tryin' to stand up like a soldier, lookin' like he'd
like to be,
Please don't let him hear you kid him—have a little
charity—

He's a Doctor.

Maybe he's a first lieutenant, maybe sompthin better'n
that;
Chances are he's long en skinny, er else wobbly-like
en fat.
It's a cinch he ain't no soldier—couldn't march er
couldn't shoot—
Just to watch him sets you crazy. Good Lord! look
at that salute!

Army's sure got thousands like him, big en little, large
en small—
En they keep right on a-comin' like they heard their
Uncle call.
We can kid 'em and ignore 'em, but they're always
cool en cam,
Marchin' round with pills en hypos, like they didn't
give a damn.

Let's forgive 'em when they act as if there's somethin'
on their mind,
Maybe they can't help a-thinkin' of that Ford they
left behind;
Maybe they're homesick fer their "practice," maybe
got a kid er two;
Maybe they're dreamin' 'bout obstetrics, wonderin'
when Mrs. Jones is due.

Let's salute em, they'll return it, en what's more,
they're all true blue;
Big er little, fat er skinny, its a cinch they'll stand by
you.
When the time comes that you need 'em—need 'em bad
en need 'em quick—
You can bet your last old jitney they're the boys that
sure will stick.
'Cause they're Doctors.

When we git this damn thing settled in the only
proper way,
When we all come sailin' home again to the good old
U. S. A.,
There's bound to be a few of us that won't come back
to you—
A few of us that's all wrapped up in the old Red,
White en Blue.

En don't forgit that in that bunch that's layin' 'neath
the sod,
In No Man's Land, all covered up, with no one near
but God,
With stars a-shinin' overhead, tall grasses growin'
'round,
You'll run across the same small sign on many a lone-
some mound,
"Army Doctors."

RALPH M. FUNKHOUSER, M.D.,
Evansville, Ind.

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EDITORIALS

THE INDIANAPOLIS SESSION

Considering the fact that so many Indiana doctors are doing war work, the Indianapolis session of the Association, with an attendance of 388, was quite satisfactory. Considerable work was accomplished that directly pertains to the success of war activities. The presence of Col. Franklin H. Martin and his address before the Association, had much to do with clarifying the atmosphere concerning the Volunteer Reserve Corps, and at the meeting of county representatives of the Medical Council of Defense the Corps received many applications for membership.

The Association went on record as endorsing the nation-wide campaign against venereal diseases, and urged upon all physicians of the state the fullest possible cooperation with federal and state authorities in the reporting and suppression of venereal diseases, both as a professional and a patriotic duty.

An important piece of legislation was the amalgamation of the Medical Defense Committee with the Committee on Administration, so that hereafter the latter committee will transact all the business affairs of the Association except those connected with THE JOURNAL. The editorship and managership of THE JOURNAL is to continue as heretofore, and in accordance with the provisions of the Constitution will remain under the control of the Council.

An important action concerning the membership of members who are in military service was taken by adopting a resolution which provides that all physicians in good standing in the Association during the year 1917, who are now in active service in the allied armies, and who have not paid 1918 dues, shall have their dues remitted during the period of their military service, and the JOURNAL and medical defense portions of their dues are to be paid out of the general fund of the Association.

The attitude of the Association concerning the war was strongly manifested through the unanimous approval of the following:

Resolved, That the Indiana State Medical Association pledges its entire membership to assist the Government in its vigorous prosecution of the war; that it endorses President Wilson's declaration that force without stint be applied until the world is made forever safe from the menace of the Hun; and that no peace shall be contemplated which is not based on unconditional surrender of the enemy.

Major Eastman, in his presidential address, made it very clear that we should be proud of the Indiana doctors in the war as well as greatly satisfied with the state's medical enlistment. He pointed out that Indiana doctors have volunteered for the war service at least twice as numerous in proportion as men have gone into other branches of the service under the selective draft. At the present time nearly one-half of the male physicians of Indiana who are under 55 years of age, and not physically defective, have applied for commissions in the Medical Reserve Corps, and the applications are still going in at the rate of 150 to 175 per month. Major Eastman says that Indiana is doing her part in enabling the medical profession of the country to establish the enviable record of keeping the supply of army physicians well up to the needs of the troops at home and abroad; and he concludes with the statement that before long anyone in Indiana requiring the services of a doctor will be obliged to enter the army to get a good one. Furthermore, it may be interesting to know that the Indiana medical examinations of recruits shows a high order of service, and that little more than 2 per cent. of rejections have resulted after the recruits have reported at camps. Indiana is but fourth in this matter of rejections, and the leaders are but very slightly in advance.

In view of the possibility of the continuation of the war during the next year, with an increasing number of medical men engaged in military service, it was thought advisable to have the next year's session at a central and easily accessible place; therefore, Indianapolis was chosen. The session will be held the last Wednesday, Thursday and Friday in September, as usual.

The selection of Dr. W. H. Stemm of North Vernon as president meets with very general approval. Dr. Stemm has been an earnest and faithful worker in the Association for many years, and is eminently deserving of the honor that has been bestowed.

THE NEED OF STRINGENT RULES TO SUPPRESS INFLUENZA

The Indiana State Board of Health has been a little "wabbly" in its decisions covering the present epidemic of influenza. One minute county and city boards of health are given to understand that they must close schools, theaters, and churches, and put a ban on public meetings of every kind; and the next minute an order goes out that boards of health shall use their own discretion. Presumably a good deal of pressure of one kind and another is brought to bear on boards of health, and no doubt it is very difficult to promulgate and enforce rules that work detriment to commercial, educational, and religious interests. However, our state board of health and our county and municipal boards of health should take the stand that this is no time for temporizing and no time to be "wabbly" in its decisions as to the right thing to be done.

Influenza is present in Indiana and rapidly spreading as a dreadful scourge. It carries with it not only a frightful morbidity but alarming mortality. The disease is communicated and widely disseminated in every locality where people are congregated together, and in view of the existence of influenza in cities and camps in close proximity to Indiana, as also the presence of the disease within the confines of our own state, it is the imperative duty of boards of health to take measures to prevent the spread of the disease. It is idiotic nonsense to talk about waiting until the disease really gets into certain communities before adopting preventive measures. Why "lock the barn after the horse is stolen"? Of course theaters and moving picture managers will howl when the closing order hurts their pocketbooks, but are we going to place the pocketbooks of a few theater and moving picture managers ahead of the health of hundreds and perhaps thousands of people? Some ministers complain because churches are to be closed, but there is no true religion in any minister who will be willing to subject his parishioners to a real menace that threatens their health and even their lives. We know of ministers who have complained because public funerals have been prohibited. Is it any worse to have a private funeral following a death from *any* cause than it is to have a private funeral in the case of smallpox or scarlet fever? Complaint also has been made that if theaters, schools, and churches are closed, then the riding on street cars should be prohibited and factories should be closed. It is absurd to put forth such

an argument, for the street car companies can be ordered to run their street cars with open windows and well ventilated, and it will not hurt people to ride in open street cars any more than in open automobiles. Factories are usually well ventilated, and can be even better ventilated on orders of the board of health; and aside from this, there are few factories where the workers are anywhere near as closely congregated as they are in theaters, churches, or other places of public gathering where the people sit close together and even have to inhale the emanations from each other. In reality, it is possible to very greatly lessen the number of cases of influenza in the state of Indiana, and with it the number of deaths, if our municipal and county boards of health institute the proper orders preventing the congregating of people together as much as possible.

Statistics show that pneumonia is a very common complication of influenza, and in the camps where the influenza has played most havoc, deaths from pneumonia have been over 40 per cent. With such a record before us, it is nothing short of criminal carelessness on the part of our boards of health if they do not adopt every reasonable measure to stamp out the disease. The closing of the public schools, theaters, churches, and a ban on large public gatherings for a few weeks will be no very severe hardship, and in the interest of public health a closing order of that kind is justifiable, and under no circumstances, with the threatened epidemic before us, should we wait until the disease has actually developed before taking these precautionary measures.

PROPRIETARY EXPLOITATION AND THE WAR

Indiana physicians have been visited by the representative of the American Ointment Company who distributes samples and discourses on "Peneguents." He admits that his preparations have not been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Nonofficial Remedies, but attempts to offset this by a report from the National Research Council which he hands out along with other "literature."

A glance at the Ointment Company's "literature" makes it clear why the firm's preparations have not been admitted to New and Nonofficial Remedies. Their composition appears to be more or less secret. The formulas of most of them are complex and irrational. The thera-

peutic claims made for the products are exaggerated and unwarranted and suggestive of indiscriminate use. The announcement " $\frac{1}{2}$ oz. jars, retail price 25 cents; 1 oz. jars, retail price 50 cents," suggests that the proprietors rather expect that as a result of their use by physicians, the public may decide to obtain their remedies direct.

As to the report of the National Research Council: This report does not pretend to pass on the therapeutic usefulness of the preparations examined. Since the complex and the semi-secret character of the formulas and the unwarranted claims should have been sufficient to preclude the use of these proprietaries by the U. S. Army, it is difficult to understand why an examination was made to determine if the Ointment Company had made false representations with regard to the *composition* of their preparations. The report brings out that the composition of the base (for which improbable claims are made) used in the preparation of the ointments, is not divulged by the manufacturer and that it is "roughly equivalent to a mixture of lanolin and lard." The report also brings out that "Peneguent Chlor-Iodine" which is claimed to contain "Iodine Resub. 5%" was found to contain but 0.37 per cent. of free iodine, the remaining iodine (4.38 per cent.) evidently having combined with the ointment base.

It was to be expected that promoters of all sorts of nostrums, both the out and out "patent medicine" kind and of the "ethical specialty" variety should see in the war an opportunity for the advertising of their output and to make the attempt of getting gilt edged testimonials from our government. It was also to be expected that those who served our government during the first months of the war should, in their zeal to "do their bit," inadvertently lend themselves to the wiles of the nostrum exploiter. An examination of the published list of supplies which are purchased by the medical department of the Army shows that the greatest care is now being exercised in the selection of medicaments. Further, we are informed that the surgeon-general of the army is availing himself of the offer of the American Medical Association, placing at his disposal the entire organization with its records, laboratory facilities and advisory councils, and that the Council on Pharmacy and Chemistry has been consulted in the selection of drugs for use in the army.

It is our earnest belief that now we should go further than to simply offer to the government the services of American physicians and their

national organization and its branches. In the interest of our country we should ask that full use should be made of the investigations made and the information gathered by the American Medical Association. It is certain that the Council on Pharmacy and Chemistry cannot attain its highest point of usefulness unless the men at the head of the medical department of the U. S. Army absolutely refuse to give consideration to any product which has not been investigated by the Council, as in the case of the "Peneguents."

While New and Nonofficial Remedies, as well as the U. S. Pharmacopeia and the National Formulary contain drugs and preparations which in the interest of efficiency and economy will not be wanted by physicians of the army, it is not too much to insist that recognition by one of these authorities should be insisted on before any medical substance is even considered for possible use.

VOLUNTEER MEDICAL SERVICE CORPS

Notwithstanding the objections raised in certain quarters concerning the necessity for the Volunteer Medical Service Corps, it must be admitted that the plan, which has the approval of the government, provides means for obtaining quickly men and women for any military or civil medical service required in the war emergency. This is no time for carping or spiteful criticism such as indulged in by the Chicago Medical Society through a circular widely distributed. While some objection may be made to the wording of the blank for application for membership in the Volunteer Medical Service Corps, and especially with the wording of the concluding paragraph which makes it morally incumbent upon any signer to offer himself for active medical service if called upon to do so, a provision that is said to be subject to unfair discrimination through the action of local committees, yet in the main the purposes of the Volunteer Medical Service Corps are worthy and should have the support of every right-thinking doctor in the United States.

So far as forcing a doctor into active military service is concerned, membership in the Volunteer Medical Service Corps will do that no quicker and no differently for doctors between the ages of 18 and 45 than the present conscription law. For doctors beyond the age of 45 there are many exceptions other than the legal right to refuse service if the member so

chooses. However, back of the whole scheme is the commendable plan of giving every doctor the opportunity of showing his loyalty to the country in its time of need, and we believe that it will be a rather rare exception when any doctor not physically disabled will not have his objections to active military service impartially considered.

The Army and Navy must not be hampered for a moment for the lack of doctors to care for the sick and wounded boys fighting our battles at the front. On the other hand, public health at home must be conserved, and the great industries furnishing materials of war, employing thousands of patriotic workers, must have appropriate medical and surgical attention. Therefore, a large percentage of the doctors of the country must remain at home to care for home needs, and obviously the ones selected for that purpose will be those who while perhaps mentally and physically qualified for active service should be exempted because of dependents or community needs.

It has been clearly stated by the Council of National Defense that the Volunteer Medical Service Corps is a volunteer organization which has for its object the enrollment and classification of the profession, and that under no circumstances should coercion be used to secure membership. It is expected that patriotism will guide every man in the decision to offer his services to the government when his services are needed, and we believe that the services of every man will be used to the best advantage without undue sacrifice or inconvenience.

THE EDMONDS BILL

Greater efficiency in the Medical Department of the Army is promised through the passage of the Edmonds Bill, now before Congress, which provides a Pharmaceutical Corps in the Medical Department of the Army. The bill in reality provides for the recognition of the science and art of pharmacy in the Army, and will give pharmacists a rank commensurate with their supposed importance. The bill delegates to the Pharmaceutical Corps the following duties:

To procure by purchase or manufacture all supplies of medicines, drugs, chemicals, pharmaceutical apparatus, and hospital and surgical dressings necessary for the Medical Department of the Army; to determine the quality and purity of such supplies; to have charge of the medical supply depots of the Army and the storage and safeguarding of such supplies; to

provide for the issuance and distribution of such supplies and the dispensing of medicines in the various hospitals, dispensaries, infirmaries, trains and camps of the Army; to properly care for, regulate the dispensing, and to systematically account for all spirituous liquors and habit-forming drugs purchased for the department; to procure by purchase or manufacture such drugs, chemicals, reagents, tests and biologic products as are used in the laboratories and the medical and surgical practice of the department for the purpose of diagnosis, prophylaxis or treatment; to account for all moneys received from the sales of medical supplies, in accordance with the provisions of the Army regulations or disposed of by order of competent authority; to inspect the department's stores and supplies of drugs, medicines, hospital dressings, reagents, tests and biologic products and determine their deterioration and fitness for use; to cooperate with the other branches of the department in rendering first aid and wound dressing and in the making of diagnostic and chemical tests; to establish and maintain a systematic course of study and training, including the advances made in medicine, pharmacy and sciences allied thereto, to be pursued by the members of the Army Pharmaceutical Corps who are seeking promotion in the corps.

Altogether, the establishment of the Pharmaceutical Corps, through the enactment of the Edmonds Bill or some similar measure, would give the pharmacists great responsibility and make for greater efficiency in the Medical Department of the Army if the duties and responsibilities are properly conducted. We hope, however, that if the bill is passed there may be some provision whereby the purchase of proprietary mixtures or any supplies for medical and surgical use shall not only have the approval of the Medical Department, but be passed upon by a committee of medical men whose knowledge, judgment and fairness in such matters are unquestioned. It is nothing short of a disgrace to note that at the present time a few worthless proprietaries, through the influence of mercenary manufacturers, have been accepted and included as a part of the medical supplies for our Army. Such a condition of affairs should not exist, and we are strongly of the opinion that all pharmaceutical preparations and all biologic products should meet with the approval of such a competent and trustworthy board as will be found in the makeup of the Council on Pharmacy and Chemistry of the American Medical Association. If the Edmonds Bill will provide a safeguard to

prevent unscrupulous manufacturers from foisting their wares upon the Army, and if the bill will provide for some means whereby the purity and efficiency of preparations may be tested and approved by a competent board of medical men, we are for the bill. Otherwise, we are opposed to it. We heartily approve the general objects of the bill, for we unqualifiedly endorse any effort to improve the status of the pharmaceutical profession, but in view of the rather wide-spread tendency on the part of pharmacists to cater to the venal proprietary medicine manufacturers we feel that in a matter of such great importance as the furnishing of drugs and pharmaceutical specialties to the Army, certain definite restrictions covering the point at issue should be made a part of the law governing the purchase of pharmaceutical and surgical supplies.

THE NEW SURGEON-GENERAL

Indiana doctors will be interested in knowing that the new surgeon-general, Major-General Merritte W. Ireland, appointed by President Wilson to succeed Surgeon-General William C. Gorgas, was formerly an Indiana man, having been born at Columbia City, Indiana, May 30, 1864. His experience has been a thorough one and his career has been marked by such consistent and worthy service as to win a succession of promotions dating almost from the time he first became connected with the military department of the government.

Graduating from the Columbia City High School with the class of 1884, Surgeon-General Ireland entered the Detroit Medical College. Following graduation from there he served for a time as intern in the Detroit St. Mary's Hospital. Continuing his studies he later graduated from the Jefferson Medical College at Philadelphia, and in 1891 entered the regular army, being sent to the Jefferson Barracks as a member of the medical service. In 1893 he was transferred to Fort Apache, Arizona, and later changed to Fort Stanton, New Mexico. He served two years in the Philippines, and four years in the office of the United States surgeon-general at Washington, with the medical rank of major. General Ireland's last post in the United States was at Fort Sam Houston, Texas, and when General Pershing went to France as general in command of the American Expeditionary Forces, General Ireland went with him at the former's special request. Shortly after he arrived in France, General Ireland was made a brigadier-general, and then

was promoted to a major-generalship. This last appointment as head of the Medical and Surgical Department of the U. S. Army comes as a high recognition of his capability and accomplishments.

It is generally understood that Ex-Surgeon-General Gorgas will continue in an advisory capacity, for his services are too valuable to be dispensed with entirely. It is rumored that he will remain in Europe where he has been for several weeks inspecting the allied hospitals and the medical and surgical department of the American over-seas army.

SERVICE IN THE VOLUNTEER MEDICAL SERVICE CORPS

Interest among the members of the medical profession as to how their services are to be used in the Volunteer Medical Service Corps, once they have been enrolled and have put on the badge which indicates their willingness to serve and the readiness to respond to a request from the Surgeons-General of the Army, Navy or Public Health Service, or from the Provost Marshal General or from the General Medical Board of the Council of National Defense, has led to the announcement by the Central Governing Board of the basic system of classification for the organization. The lines on which the classification is made were determined by the Committee on Classification of the Central Governing Board, and whose report was adopted. This Classification Committee has on it representatives of the Army, Navy, Public Health Service, Council of National Defense, American Red Cross, Hospitals, Colleges, Civilian Doctors, War Industries.

A summary of these classes follows:

CLASS I.—These will be the physicians first recommended by the Central Governing Board to apply for commissions in the Medical Reserve Corps of the Army, Reserve Force of the Navy, or for appointment in the Public Health Service. They include physicians under 55 years of age, who are without an obvious physical disability which is disqualifying, and who have not more than one dependent in addition to self; or who have an income or whose dependents have an income sufficient for the support of dependents other than that derived from the practice of their profession.

There are several exceptions provided for because of evident essential needs. Whether a physician's services are essential to his community will be established by the Central Gov-

erning Board on recommendation of representatives of the Board appointed by it to make a survey of local conditions. Whether a physician is essential to an institution with which he may be connected will be established after conference between representatives of the Central Governing Board and representatives appointed by governing bodies of the institutions concerned. Similarly, the question of whether a doctor is essential to a health department will be established by conference between the Central Governing Board and the head of that health department. The question whether a teacher in a medical school is essential to that position will be established by the Central Governing Board and representatives of the institution. Conference between the Board and accredited representatives of industries concerned will determine whether doctors employed as industrial physicians are essential in those positions. A physician essential on his local or medical advisory board will not be disturbed.

CLASS II.—In Class II are physicians under 55 years of age who are without an obvious physical disability which is disqualifying, and who have not more than three dependents in addition to self. These will be recommended by the Central Governing Board, when the need exists, to apply for commissions.

Exceptions in Class II are the same as in Class I.

CLASS III.—These are physicians under 55 years of age who are without an obvious physical disability which is disqualifying, but who have more than three dependents in addition to self; and they are the physicians included among the exceptions from Classes I and II, namely, those essential to communities, institutions, health departments, medical schools or industries. They will be recommended by the Central Governing Board to apply for commissions when the emergency is so great as to demand their services.

CLASS IV.—In Class IV are the physicians who are ineligible for commissions in the Medical Reserve Corps of the Army, or Reserve Force of the Navy, but who are available for all other services. The physicians in this class include those over 55, those having an obvious physical disability which is disqualifying, and those rejected for all government services because of physical disability.

Physicians not professionally eligible for the Medical Reserve Corps of the Army or for the Reserve Force of the Navy, or for appointment in the Public Health Service, will be recorded but not admitted to the Volunteer Medical Service Corps.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

THE *Journal of the A. M. A.* announces that it is not proper for medical officers to wear the uniform until ordered to report for active duty.

SOME of our American doctors who have been in France for several months report that they now can talk French about as fluently as a native Frenchman. We congratulate our medical friends doing overseas duty in having that added compensation.

THE Provost Marshall-General has issued a ruling to the effect that medical members of exemption boards must stick to their jobs and will not be permitted to enlist until after the work connected with the present registration is completed.

THE alarming prevalence of pneumonia in both endemic and epidemic form raises the question of the necessity of quarantining pneumonia cases. There is no doubt that the number of pneumonia cases can be limited through isolation of every case of pneumonia as soon as it develops.

DOCTORS who are using the Red Cross emblem on their automobiles are reminded that it is a violation of the United States law to use the Red Cross emblem unless it is authorized by the Red Cross officials. In other words, no doctor has a right to use the Red Cross emblem unless he is actually engaged in Red Cross work and has been duly authorized to use the Red Cross insignia.

It is a little amusing to note the fact that Christian Scientists are really the same kind of human beings as the rest of us, their claims to the contrary notwithstanding, the present epidemic of influenza having failed to spare them any more than it spares others. Of course, the

Christian Scientist who contracts influenza is lacking in sufficient faith in Mrs. Eddy's idiotic religion, and that's all there is to it! Thus endeth the chapter, and the loyal adherent to the Christian Science faith stops all argument with that rejoinder.

NOTWITHSTANDING the fact that the Germans realize that they are defeated, and in consequence are now crying for peace, they continue to give evidence of their brutal instincts by burning and destroying property and murdering people as they retreat from France and Belgium to their own soil. Could anything be less likely to stimulate mercy from the conquerors!

ALREADY steps have been taken to prepare a medical history of the war. Men are being trained to illustrate pictorially the medical and surgical pathology which will come under observation in the camps and hospitals both at home and overseas. At the present time we have men under command of the commissioned officers on duty at the Army and Medical Museum for special training in this branch of art.

FROM articles that have appeared in various medical journals, it would seem that the American-made salvarsan, in order to be the equal of the German-made product, must have been made by a certain manufacturer which has a very close association with the German firm that acted as the American selling agents for the original salvarsan. In reality, several firms have been licensed to manufacture and sell the American-made salvarsan, and it has not been demonstrated that the product of any one firm is superior to that produced by any of the other firms licensed to produce the product.

THE American people prior to the war may have thought that they were being taxed, but that was only a dream as compared to the reality at the close of the present war. Everything but the air we breathe is going to be taxed, and taxed at an enormous rate at that. But if we feel that we are being taxed, what about the people of war-stricken European countries? Perhaps the only difference will be that we with our tendency to "sting while the stinging is good" will try to make the present generation pay for the war, whereas future generations which will profit by our sacrifices should be made to bear part of the burden.

THE *Journal of the A. M. A.* calls attention to the value of nuts as food and states that the exigencies of war removes nuts from the category of luxuries and places them on the list of substantial components of the day's ration. Comparing bulk for bulk, nuts belong among the most nutritive of foods ordinarily available, and, contrary to the generally accepted belief, they are not more indigestible than other foods rich in protein and fat. They should be used in the diet as are eggs, meats and other foods rich in protein, and they have a physiological value on a par with that of more common staple articles of the diet.

DOCTORS who have applied for commissions in the Medical Reserve Corps will be interested in knowing that telegrams are sent from the Adjutant-General's office informing the applicant that a commission has been awarded and ordering him to report for active duty at a definite post within ten days *after date of acceptance*. The acceptance is to be telegraphed to the Adjutant-General's office, and the action taken telegraphed to the Surgeon-General's office. It is advisable for the physician, on receipt of a letter from the Surgeon-General's office stating that the applicant has been recommended for a commission, to begin to arrange his affairs, but not to close up anything finally. The telegram of acceptance should not be sent until the applicant has so arranged his affairs that he can report within the ten days allowed.

WE HAVE been asked to give the rank and salaries paid to officers in the Medical Reserve Corps. The rank and pay is as follows:

Lieutenant, \$2,000, plus \$432 for quarters, and approximately \$80 for heat and light.

Captain, \$2,400, plus \$576 for quarters, and approximately \$120 for heat and light.

Major, \$3,000, plus \$720 for quarters, and approximately \$160 for heat and light.

Lieutenant-Colonel, \$3,500, with extras for quarters, heat and light.

Colonel, \$4,000, with extras for quarters, heat and light.

Brigadier-General, \$6,000, with extras for quarters, heat and light.

Major-General, \$8,000, with extras for quarters, heat and light.

A NEWS clipping announces that the Spaunhurst Osteopathic Institute of Indianapolis has opened offices in Newcastle, with Dr. M. C. Hammer in charge. It seems to us that we have a hazy recollection of hearing about a certain

Dr. Spaunhurst, member of the Indiana State Board of Medical Registration and Examination, as the owner and proprietor of one or more osteopathic institutes located in various cities in Indiana, some of which were not even in charge of a licensed practitioner. Perhaps osteopathic institutes, like 5 and 10 cent stores, are most profitable when there is a string of them in various towns, but all under one general management and control. Perhaps also osteopathic institutes thrive best when they have the advantage of having their sponsors connected with the State Board of Medical Registration and Examination.

THE American public seems to like a change in the style of diseases just as it likes a change in the style of hats. We are now having an epidemic of "Spanish influenza." In reality it is nothing more than the regular influenza, except that in most instances it is more severe than we have been having for many years. It very much resembles an epidemic of the same disease that swept over this country about 1889 and 1890 in that it shows an extraordinary degree of contagiousness and is complicated or followed by a rather fatal bronchopneumonia. The disease is transmitted from person to person by direct contact, or indirect contact through droplet infection, and it may be controlled by isolation and prevention of the transmission of discharges.

SOME of the doctors within the draft age, who should have applied for commissions in the M. R. C., but neglected to do so, are now experiencing the humiliation of being inducted into service as privates. It is said that as a fitting punishment those doctors are obliged to await a very slow process of transfer to the Medical Reserve Corps where perhaps their services will be of more value. What occurred in connection with the original draft law also will occur with the new draft law, and it would be well for those doctors between the ages of 18 and 45 who know that they are fit for service to get busy with their applications for commissions in the M. R. C. and thus avoid the humiliation of being sent to the front as ordinary privates.

GOVERNMENT ownership has been a sweet morsel to twist around the tongue of the socialists and other Utopian dreamers, but we believe that the present experience will go a long way toward changing the opinion of those who really use their brains. With government control of railroads, express, telegraph and telephone we not only are paying more for the ser-

vice but getting the worst service that the country ever has experienced, and this in the face of increased revenue for those utilities and the boasted efficiency of consolidations and standardization of methods. There is no question about the advisability of regulating public service corporations, but when we operate them under government ownership, with politics as a guiding star in their operation, we open the way for extravagance and inefficiency, and we also do away with the competition that makes for better service.

Now that the postoffice department is getting rather particular concerning subscription lists we wonder what some of the proprietary medical journals with questionable subscription lists will do in maintaining their right to second class mailing privileges. It is a well-known fact that some of the proprietary journals have no paid subscriptions worth mentioning and soon would go out of business were it not for the patronage secured from questionable advertising. These journals are kept up by such advertising as Angier's Emulsion, Listerine, Pepto-Mangan, Sal Hepatica, Antiphlogistine, Pluto Water, Cystogen, etc. We have no quarrel with the high grade and ethical proprietary medical journals, but we do think that reputable and conscientious doctors should refuse to subscribe for or even accept gratuitously medical journals that have no regard for consistency, honesty, or ethics in the acceptance of advertising, and do not hesitate to prostitute even their editorial pages for gain in furthering the propaganda of the nostrum manufacturers.

GOVERNMENT officials announce that the habitual use of morphine, cocaine, heroin and preparations containing other narcotics has increased rapidly in the United States in the last two years. This announcement comes as a surprise in view of the fact that we have a federal law which is supposed to regulate the sale and distribution of narcotics. It is even more surprising to know that thousands of drafted men have been dismissed from military camps after it was found that they were drug addicts, and that this number included many who systematically developed the habit after being drafted in order to insure their dismissal. We can only wonder how these men obtained the drugs, from whom, and by what evasion of the statute. Surely there must be some means of prosecuting those who are illegally trafficking in narcotic drugs. Furthermore, the penalty for such illegal traffic should be made so severe that infractions of the law will be reduced to the minimum.

CONGRESS is now wrestling with the new revenue bill. At present the manufacturing chemists are paying a 2 per cent. sale tax on practically all pharmaceutical supplies sold to physicians, veterinarians and druggists, and the collector of internal revenue has ruled that the commonly advertised patent medicines belong to the same class. In the bill that is now pending before Congress it is proposed to increase this tax from 2 to 10 per cent. We do not believe that the medical profession will object to paying a tax on the drugs they use, providing it is found essential to tax the necessities, but a clear distinction should be made between the commonly advertised patent medicines, *which are not classed by the government as necessities*, and the medicinal preparations that are prescribed and dispensed by physicians, veterinarians and druggists. The manufacturers of patent medicines, with their ability to furnish unlimited means to secure legislation favorable to their interests, probably will be able to prevent any distinction such as we think should be made, but every reputable doctor should make it a point to write his senator and congressman with the request that patent medicines be not classed with pharmaceutical supplies in the proposed tax measure.

THE Postoffice Department has made a great outcry about the necessity for the saving of time, labor, and material in distributing newspapers and periodicals. We are asked to cut down on the size of our periodicals, on the quality of paper, and to cut off all exchanges, sample copies, and even gratuitous copies sent to libraries. The Postoffice Department even repeatedly and superfluously has asked periodicals having second class rates to furnish detailed data concerning publication, with a view to determining whether such periodicals are deserving of the special postage rates under the new schedule; all of which requires unnecessary expense for the government in view of repetition and superfluity. Truly, when we talk about efficiency it is time for our government to institute a little of it in its management of routine affairs; but it never will secure efficiency until it gets away from politics.

SECRETARY HURTY of the Indiana State Board of Health is a very capable and efficient health officer, and yet, like some others, he sometimes makes a bad break in an emergency. To send out important notices to municipal and county health officers concerning the closing of

schools, theaters, and churches, and placing a ban on public gatherings, and expect the notices to be delivered with any sort of promptness when mailed as circular mail in open envelopes and with one cent postage, is a good deal like trying to fill a ten quart pail with a teaspoon. In a time like the present, with a threatened serious epidemic and a necessity for prompt action on the part of health officers, the telegraph and telephone—no matter what the expense—should be employed; and at best, orders should go by first class mail, though even mail service is too slow in an emergency.

In *Collier's Weekly* of September 21 Samuel Hopkins Adams pays a glowing compliment to the work of the medical profession in connection with the present war. Among other things he says that "the vast and complex job of making over our peace doctors into war doctors is the nearest thing to 100 per cent. achievement that the Government has yet performed in this war." Notwithstanding the fact that nearly every department of war activities has been charged with inactivity, incompetence and almost criminal extravagance, to say nothing of graft, it is refreshing to know that the work pertaining to the organization and operation of the Medical and Surgical Department of the Army and Navy has not been subjected to a single criticism, and, as Mr. Adams says, it has been the nearest thing to a 100 per cent. achievement. The medical profession should be proud of this record, as it also will be proud of the record of medical men for heroic and humanitarian service in connection with attention to the lives and health of Uncle Sam's soldiers.

THE proportion of physicians to the population in the United States is one to every 739 people, as compared with one to every 1,500 to 2,500 in the European countries. At the close of the war it is very probable that in European countries the proportion of physicians to the population will be considerably greater than it was before the war, whereas in the United States the proportion will probably be about the same. The present enrollments in medical colleges show an increase over previous years, and it is thought that next year there will be an even greater increase, with a corresponding increase of graduates later, and this in spite of higher entrance qualifications. It would seem that we are turning out too many doctors, though it is well that those who are turned out are better qualified by thorough preliminary

education and medical training to care adequately for the sick and to take a more active part in the prevention of disease and the promotion of public health.

THE Minnesota State Board of Health is giving advice on matrimony in a booklet recently issued. Among other suggestions and occurring as advice are the following: "A woman should never marry a man to reform him." "Neither a man nor a woman should marry under 20 years of age; after that the sooner the better." "Engagements should not be too long; they promote late hours and extravagance." "Engagements should not be too short; they sometimes lead to unwise unions." It is a safe bet that very few persons will make use of the advice given, and we wonder that such a useless expense has been approved by the members of the Minnesota State Board of Health. It seems like a waste of effort, in view of the well-known tendency of lovers to marry irrespective of age, length of courtship or pecuniary circumstances. It is evident that the Minnesota State Board of Health has wasted a lot of printer's ink and good paper that might be put to better usage.

WITH all of this hue and cry about conservation it seems ridiculous for the government to waste so much labor and material on hundreds of thousands of pamphlets and circulars, many of which duplicate each other, which are sent out through the mails to newspapers, periodicals and individuals, and in many instances find an early resting place in the waste basket. Many of us never were in sympathy with the publicity bureau, in charge of Mr. Creel of not too good reputation as a supporter of the government and its war policies prior to his induction into a well-paid office, and the shameful waste of money by the publicity bureau is not an excellent example for the people of the country who are asked to economize and conserve in every possible way. Likewise, the Council of National Defense is a little given to extravagance in the matter of printed material, not a few of the circulars sent out by that body being virtually repetitions of former ones, and all printed and distributed at the expense of the people who already are asked to dig deep into their pockets for many extravagances in connection with the war.

NATIONAL prohibition will not be an unmixed blessing if it encourages the use of patent medicines and dope-forming beverages. It would seem that the sale of non-alcoholic drinks is on

the increase, and among these drinks are not a few that contain appreciable quantities of cocaine and considerable quantities of caffeine. Aside from this there are on the market a number of patent medicines containing from 15 to 25 per cent. of alcohol, and the manufacturers of one especially widely advertised product has pointed with pride to the number of carloads of his product that have been shipped to certain specific territories. It is very evident that the sale of these nostrums is not only encouraged but kept up by the alcoholic content which they contain, and once a person begins taking these booze-loaded nostrums he generally becomes a "repeater" and feels that he is unable to do without them. Our prohibition friends would do well to take into consideration the necessity of prohibiting the sale of proprietary medicines containing alcohol as well as some of the well-known nonalcoholic beverages if they are to accomplish the most by prohibition.

THE visual standards used by the United States Army for the acceptance of recruits for the different kinds of military service should be revised. There is no reason why the United States Army should have a higher standard of visual requirements than have been adopted and have been in regular use in the British, French and Colonial armies, and our high standard is unquestionably losing for military service many valuable soldiers on account of their slight visual defect. Nowhere is this inconsistency more manifest than in the acceptance of doctors in the Medical Reserve Corps, for many men whose vision is essentially normal with glasses could be used about as well as men who have essentially normal vision without glasses. It is rather surprising that so many doctors who perhaps for years have been able to apply themselves closely in work requiring the highest acuity of vision, have been rejected for military service solely because of defective vision, and even when that defective vision could be brought up to normal or nearly normal with glasses. Many of these men have been very anxious to secure commissions in the Medical Reserve Corps, and with a knowledge of the need of medical men it is strange that their services have not been utilized to the fullest extent. Certainly with a continuation of the war there should be a modification of the visual standards, and especially as it pertains to the acceptance of members in the Medical Reserve Corps. If a doctor is able to do all of the exacting and strenuous work of medical

practice, which involves a certain amount of surgical work requiring fairly good acuity of vision, he ought to be able to do anything except the most exacting work required of members of the Medical Reserve Corps.

GERMANY is now willing to talk peace on President Wilson's terms, but judging Germany by past experiences and knowing how treacherous she is, we are inclined to consider the latest offer as insincere. However, Germany is beginning to whine, now that her Rhine towns are suffering in a very small measure from such destructive attacks as towns in France and Belgium have suffered from at the hands of the German armies. It would seem that the Biblical injunction to extend charity should hold in this case, but we believe that the allied nations are going to be wicked enough to demand "an eye for an eye and a tooth for a tooth." To let Germany escape with her soil untouched by the armies of the allies and her towns and cities scarcely injured seems almost criminal in view of the wanton and vicious destruction of all of the allied country traversed by the German army. We may impose heavy penalties, including large money indemnities, but in reality if Germany escapes without receiving some of the fate meted out to towns and villages in France and Belgium she really is not suffering what she ought to suffer, and in a sense has been victorious. If the allies are to cease hostilities, let it be done on one term and one term only—unconditional surrender. Furthermore, when it comes to the final settlement the German people must be compelled to forever rid themselves of the Kaiser and all the ruling family and its satellites. Germany will respect nothing but brute force. As brute force is the only language which Germany understands then let us exert brute force to the limit, and pay the Hun in his own coin.

IN THE Correspondence Department of the *Journal of the A. M. A.* of Aug. 17, 1918, appears a communication from Dr. Douglas Symmers, the acting director of the laboratories of the Bellevue and allied hospitals, taking exceptions to some of the statements made by Dr. A. S. Warthin of the University of Michigan in his paper on the "New Pathology of Syphilis," in which paper it is stated that as a result of microscopic methods he (Dr. Warthin) has been able to demonstrate syphilitic changes in 40 per cent. of 750 subjects examined post-mortem. Dr. Warthin's statement naturally suggests that 40 per cent. of humanity is dem-

onstrably if not dangerously syphilized. This conclusion of Dr. Warthin's is declared to be not beyond dispute in view of the fact that identical methods in other hands have failed to yield comparable results. The extraordinary statement is made by Dr. Warthin that "in only a small number of cases are the gross lesions typical enough to be recognized by the naked eye," and that "the pathological diagnosis of syphilis is essentially microscopic." It is said that pathologists will be slow to subscribe to these sentiments. The Wassermann reaction has not aided materially in the all-important determination of the incident of syphilis. While a positive Wassermann reaction is a highly suggestive indication of syphilis, it is now almost universally admitted that the reaction has its limitations (an occasional enthusiast to the contrary) and that it sometimes occurs in conditions other than syphilis, and that it does not always occur in syphilis. Dr. Symmers concludes by saying, "All things being taken into consideration, it would seem that the most dependable signs of syphilis still are those which pathologic anatomists and properly trained clinicians have long known—the refinements of serology and of microscopic technic serving as additional conclusions of undoubted value."

DEATHS

THOMAS W. KOHR, M.D., died September 20, at his home at Whiting, aged 77 years.

LOU ELLA TUCKER, widow of the late Dr. Warren Tucker of Salem, died August 29.

JENNIE DENNY, wife of Dr. George Denny of Madison, died September 16, aged 53 years.

HARRIET SPARKS of Rushville, widow of the late Dr. James B. Sparks, died recently, aged 85 years.

HELEN RIBBLE YOUNG, widow of the late Dr. J. Donald Young, died recently, aged 69 years.

GRACE C. COLLINGS, wife of Dr. Thomas Jesse Collings of Rockville, died September 26, aged 34 years.

JAMES B. GREENE, M.D., Mishawaka, died September 29 from pneumonia, aged 75 years. He had practiced medicine at Mishawaka for 52 years.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

GENERAL

DR. L. D. BROSE of Evansville spent the month of August at Atlantic City.

DR. B. V. EIKENBERRY of Peru has been appointed county health commissioner.

DR. D. V. McCLARY of Dale has been commissioned captain in the Medical Reserve Corps.

DR. A. H. RALSTON of Fredericksburg has been accepted for Red Cross service in France.

WORD has been received of the safe arrival overseas of Dr. Herman Smelser of Connersville.

DR. FRANK GREEN of Rushville has been commissioned lieutenant in the Medical Reserve Corps.

DR. J. J. PARKER of Merom has been commissioned lieutenant in the Medical Reserve Corps.

CAPT. JOSEPH WEINSTEIN, Medical Reserve Corps, of Terre Haute, has arrived safely in France.

DR. GEORGE B. KRING of Portland has been commissioned lieutenant in the Medical Reserve Corps.

DR. HAROLD FRANKLIN of Spencer has been commissioned lieutenant in the Medical Reserve Corps.

DR. FLETCHER HODGES of Indianapolis has been commissioned a captain in the Medical Reserve Corps.

DR. E. E. GRAY of Bicknell has removed to St. Augustine, Fla., where he will make his future home.

DR. HENRY MARKLEY of Redkey has been commissioned a lieutenant in the Medical Reserve Corps.

DR. R. L. SENSENICH of South Bend has been commissioned a captain in the Medical Reserve Corps.

DR. J. S. ROBINSON of Winchester, member of the Medical Reserve Corps, has arrived safely in France.

DR. WILLIAM H. FOREMAN of Indianapolis has been appointed resident medical director of the state hospital.

MADISON COUNTY is to have a tuberculosis hospital. A tract of land has been purchased at a cost of \$92,000.

DR. CHARLES W. YECK and Dr. Lewis E. Frick, both of Evansville, are in the United States Naval Service.

DR. T. ROY COOK of Bloomfield has been commissioned a captain and has left for Camp Green, North Carolina.

DR. JOHN M. TODD and Mrs. Ella Ladd Greenwell, both of Evansville, were united in marriage on September 4.

DR. PAUL E. BOWERS has resigned his position as physician at the state prison at Michigan City to enter military service.

DR. AMELIA R. KELLER of Indianapolis has been appointed a member of the board of trustees of the Indiana Girls' School.

DR. J. H. SINDER of Terre Haute and Miss Alice Snell of Harmony were united in marriage at Greencastle on September 8.

DR. J. R. ANTHONY of Indianapolis has been elected secretary and treasurer of the 81st Indiana Regiment, Civil War Veterans.

DR. E. G. BLINK has been appointed member of the Michigan City Board of Health to succeed Dr. J. W. Snyder, resigned.

DR. O. H. McDONALD of London has been commissioned a lieutenant and ordered to report at Fort Riley, Kan., for service.

CAPT. CHARLES N. COMBS, Medical Reserve Corps, secretary-treasurer of the Indiana State Medical Association, is now in France.

DR. SAMUEL KENNEDY of Shelbyville is recovering from an operation performed at the Robert W. Long Hospital in Indianapolis.

DR. M. W. McCLAIN of Vera Cruz, who was injured in an automobile accident early in September, is confined in the Bluffton Hospital.

DRS. F. L. REESE, W. S. Ashley and Harry Dees of Bicknell have been commissioned lieutenants in the Medical Reserve Corps.

DR. J. E. P. HOLLAND of Bloomington has been commissioned in the Medical Reserve Corps and reported at Fort Oglethorpe, Ga.

DR. ROSE ALEXANDER BOWERS of Michigan City has left for duty at Camp Grant, Ill., where she is accepted for service as a contract surgeon.

DR. C. D. EHRMAN of Rockport has been commissioned a captain in the Medical Reserve Corps and has left for Fort Oglethorpe, Ga.

DR. E. J. BONNELL of Hillsboro has been commissioned lieutenant in the Medical Corps and ordered to report at Camp Custer, Mich.

THE number of women medical students in Great Britain is decidedly on the increase. Out of 7,630 medical students, 2,250 are women.

ST. JOSEPH'S HOSPITAL, Fort Wayne, has established a training school for nurses, and nineteen young women have entered for training.

DR. E. E. MACE of New Palestine has been commissioned in the Medical Reserve Corps and ordered to report at Camp Beauregard, La.

DR. CHARLES S. DRYER of LaGrange, a member of the Medical Reserve Corps, is reported as being in active service at the front in France.

DR. J. B. ALLEN of South Bend has received his honorable discharge from the Medical Reserve Corps on account of physical disability.

DR. E. H. UNDERWOOD of Fort Wayne has been commissioned lieutenant in the Medical Reserve Corps and is now at Fort Oglethorpe, Ga.

DR. ARTHUR ZELLAR of Union City has been commissioned a captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga.

DR. H. V. BLOSSER of Fort Wayne has been commissioned lieutenant in the Medical Reserve Corps and has reported at Camp Grant, Ill., for service.

DR. B. A. BROWN of Indianapolis has been commissioned a captain in the Medical Reserve Corps and has reported at Camp Greenleaf for service.

THE Gary Medical Society and the Laporte County Medical Society report 100 per cent. enrollment in the Volunteer Medical Service Corps.

DR. E. M. HOOVER of Elkhart has been commissioned a captain in the Medical Reserve Corps and ordered to Fort Oglethorpe, Ga., for service.

DR. R. V. HANNELL has been commissioned lieutenant in the Medical Reserve Corps and ordered to report at Camp Sheridan, Ala., for service.

DR. M. A. AUSTIN of Anderson has been commissioned a captain in the Medical Reserve Corps and ordered to Camp Custer, Mich., for service.

THE second unit of the American Women's Hospitals has sailed for France. It will cooperate with the American Committee for Devastated France.

DR. C. R. BASSLER has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Camp Taylor, Ky., for service.

DR. D. W. BELL of Atwell has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Camp Lee, Va., for service.

DR. FRANK KELLER of Alexandria has been commissioned in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

DR. ROBERT R. POLLOM of Darlington has been commissioned lieutenant in the Medical Reserve Corps and has left for Fort Oglethorpe, Ga.

DR. C. C. COLLINS of Roachdale has been commissioned a captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga.

DR. L. C. SAMMONS of Shelbyville has been commissioned a lieutenant in the Medical Reserve Corps and ordered to Washington, D. C., for service.

DR. HUGO FIFIELD of Gary has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe for service. _____

DR. JOSEPH CASPER of Jasper has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe for service. _____

DR. R. E. SWOPE of Rockville has been commissioned lieutenant in the Medical Reserve Corps and has reported at Fort Oglethorpe, Ga., for service. _____

DR. L. O. SHOLTY of Wabash has been commissioned lieutenant in the Medical Reserve Corps and has reported for duty at Fort Wadsworth, S. C. _____

LIEUT. GLEN D. RANSOM, Medical Reserve Corps, U. S. A., residing in Hamilton before entering the Army service, has been awarded a military cross. _____

DR. N. A. JAMES of Tell City has been commissioned lieutenant in the Medical Reserve Corps and ordered to report to Camp Custer, Mich., for service. _____

DR. W. R. HURST of Evansville has been commissioned lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. H. C. FRICK of Evansville has been commissioned lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. M. F. PARISH of Monroe has been commissioned lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. GEORGE ANGLIN of Warsaw has been commissioned lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. EARL COVERDALE of Decatur has been commissioned captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. W. J. MALLOY of Muncie has been commissioned a captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

DR. WILLIAM PALM of Harmony has been commissioned lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. H. W. DALE of West Lebanon has been commissioned captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. M. J. COOMES of Versailles has been commissioned a captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. J. B. MAPLE of Shelborn has been commissioned a captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. WILLIAM F. KRAFT of Bloomfield has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. A. T. CUSTER of Bloomfield has been commissioned a captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. J. W. SNYDER of Michigan City is at Rochester, Minn., where he is doing postgraduate work at the Mayo Hospital preliminary to Army service. _____

DR. HIGGINS of LaGro has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service. _____

DR. W. V. STANFIELD of Newton has been commissioned a captain in the Medical Reserve Corps and ordered to report at Fort Riley, Kan., for service. _____

DR. E. M. VANBUSKIRK of Fort Wayne has been commissioned a captain in the Medical Reserve Corps and has left for duty at Camp Beauregard, La. _____

DR. THOMAS M. STALEY of Bicknell has been commissioned a captain in the Medical Reserve Corps and ordered to report at Camp Custer, Mich., for service. _____

DR. J. J. MARIS of Columbus has been commissioned lieutenant in the Medical Reserve Corps and has reported at Camp Oglethorpe, Ga., for service.

DR. D. S. WIGGINS of Newcastle has been commissioned a captain in the Medical Reserve Corps and ordered to report at a base hospital at Macon, Ga.

DR. N. L. HELLER of Dunkirk has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Camp Grant, Ill., for service.

DR. A. P. HAUSS, JR., of New Albany has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Camp Custer for duty.

THE shortage of cattle no longer exists in France, and in consequence the three meatless days a week, which were instituted last April, have been abolished.

DR. E. H. BRUBAKER, 518 Newton Claypool Building, Indianapolis, has been taking a post-graduate course in Chicago, but will return to his office on October 21.

DR. R. D. ARFORD of Middletown has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Camp Custer, Mich., for service.

DR. HERBERT McCORMICK of Vincennes has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Camp Custer, Mich., for service.

DR. J. L. WILSON of South Bend has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

DR. C. D. EHRMAN of Rockport has been commissioned a captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

DR. PORTER COULTAS of Bristow has been commissioned lieutenant in the Medical Reserve Corps and ordered to report at the Aero Camp at Long Island, N. Y.

DR. and MRS. H. T. MONTGOMERY of South Bend announce the engagement of their daughter, Miss Zolah Montgomery, to Dr. Landis H. Wirt of South Bend.

DR. H. G. WEISS of Rockport has been commissioned lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

DR. H. A. VANOSDOL of Indianapolis has been commissioned a captain in the Medical Reserve Corps and ordered to report at Camp McClellan, Ala., for service.

DR. F. M. HARTSOCK of Freeland Park has been commissioned a captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

THE new Sullivan County Hospital at Sullivan, Ind., erected at a cost of \$30,000, has been accepted by the architect and hospital committee and is now open for use.

THE Marion County Tuberculosis Hospital is to secure additional buildings and improvements through an appropriation of \$100,000 made by the County Council.

DR. EARL E. HEATH of Napoleon has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

DR. R. W. BROOKIE of Converse has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

DR. I. W. DITTON of Fort Wayne has been commissioned captain in the Medical Reserve Corps and ordered to report at Camp Beauregard, La., for service.

DR. WALTER M. THOMPSON of Sullivan has been commissioned a captain in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

DR. JOSEPH RILUS EASTMAN of Indianapolis, President of the Indiana State Medical Association and Chairman of the State Committee, Medical Section, Council of National Defense, has been promoted to the rank of major in the Medical Reserve Corps.

DR. H. C. MARTINDALE of Pendleton has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

DR. F. O. SCHENCK of Crawfordsville has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

OFFICERS in the Medical Corps of the Canadian army are paid by the day, as follows: Lieutenant, \$2; captain, \$4; major, \$5.50; lieutenant-colonel, \$7; colonel, \$8.

DR. MILES F. PORTER, JR., of Fort Wayne has been promoted to the rank of captain in the Medical Reserve Corps and is now stationed at Camp A. A. Humphreys, Va.

THE annual session of the Ohio Valley Medical Association, which was to have been held in Evansville on November 12 and 13, has been indefinitely postponed because of the war.

DR. H. J. HIESTAND of Pennville has been commissioned a lieutenant in the Medical Reserve Corps and ordered to report at Fort Oglethorpe, Ga., for service.

DR. CHARLES S. BRYAN of Vincennes has been commissioned lieutenant in the Medical Reserve Corps and ordered to report at Camp Sherman, Chillicothe, Ohio, for service.

DR. A. P. ROOPE of Columbus, who entered the Medical Reserve Corps as a captain, has been promoted to the rank of major and surgical chief, Base Hospital No. 78, in France.

EIGHT ambulances for the removal of the wounded men from the transports to the hospitals in Atlantic coast cities are now operated by the National League for Women's Service.

ONE of the Indiana doctors has posted the following notice on his office door: "Gone after the kaiser. Will be back when the American flag floats over the Royal Palace in Berlin."

DR. BUDD VANSWERINGEN of Fort Wayne, formerly captain in the Medical Reserve Corps, has been promoted to the rank of major and ordered to report at Camp Johnston, Fla., for service.

WORD has been received of the safe arrival at a French port of Dr. Adah McMahan of Lafayette. Dr. McMahan is to have charge of a base hospital financed by the suffragists of this country.

DR. S. A. GOODWIN of Bluffton has located at Uniondale for at least the duration of the war. Uniondale was left without a physician following the enlistment in the M. R. C. of Dr. Harris.

THE last reports show that 565 men have been discharged from the Army on account of tuberculosis, and of this number 161 were from Indiana. The Indiana Society for the Prevention of Tuberculosis is given charge of these boys.

A CLUBHOUSE has been fitted up in New York for the accommodation of American Red Cross nurses passing through the city on their way to the front. The house was ready for guests on September 1.

DR. CHESTER C. FUNK of New Albany has been commissioned a captain in the Medical Reserve Corps and ordered to report at the Psychological Hospital at Ann Arbor, Mich., for service.

THE commander of the fourth French army has written a letter expressing his profound admiration of the excellent services rendered by the canteens established by the American Red Cross.

DRS. J. J. BRIGGS, C. A. Tolls, M. J. Shiel, Carrie Reid, G. J. Martz, J. L. Conley, G. F. Hobbs, J. W. Miller, Martha Smith and C. V. Dunbar have been appointed school physicians for the city of Indianapolis.

AT a regular meeting of the Parke and Vermilion Counties Medical Society, held at Rockville August 28, the following officers were elected: President, Dr. A. A. Williamson, Marshall; secretary, Dr. R. L. Dooley, Montezuma.

IT is said that in Germany some persons feign illness and secure admission to hospitals in order to get better food to eat. In several German cities investigating committees have been visiting the hospitals for the purpose of interrogating the patients and determining the extent of the practice.

THE oyster beds in the vicinity of New York are protected from typhoid infection, and the health commissioner announces that no case of typhoid fever has been traced to oysters in New York City so far this year.

A POLISH citizen of South Bend has provided a scholarship for a Polish student with a high school education in the Polish National Alliance College at Cambridge Springs, Pa. A committee is named to administer the trust.

INFLUENZA evidently is very prevalent in Europe, as most of the steamers arriving at Atlantic ports bring numerous cases of the disease, and in not a few instances fatal results have occurred while the steamers were en route.

DR. E. A. HAWK, formerly of Finly, Ind., on the advice of the State Council of Defense, has located at New Palestine for the practice of medicine. Dr. Hawk was rejected for army service on account of physical disability.

PETROLEUM, a small town in Wells County, is without a physician, since the only physician of that place joined the Medical Reserve Corps several months ago, and some of the residents of that town are now advertising for a doctor.

THE slowness of promotions of medical officers abroad is to be corrected. It is recognized that the promotion of reserve officers in France should be as rapid as it is in this country, and efforts to bring this about are now being perfected.

DR. WILLIAM H. GILBERT, for many years a resident of Evansville, but who has resided for the past three years in Los Angeles, Calif., has been commissioned a captain in the Medical Reserve Corps and ordered to report at Camp Kearney.

THE fourth annual session of the Interstate Association of Anesthetists was held at the Claypool Hotel at Indianapolis September 25 and 27. The Thursday afternoon meeting was a joint meeting with the Indiana State Medical Association.

THE present epidemic of influenza is not confined to the United States, but involves Canada, Mexico and even the West Indian Islands, and is quite prevalent in South America. It is reported the epidemic is on the wane in England and France.

AT THE Indianapolis session of the Indiana State Medical Association an opportunity was given for enlistment in the Volunteer Medical Service Corps, and a large number of attending physicians took advantage of the opportunity thus offered.

DR. N. B. ROSS of Muncie, serving a life sentence for the murder of Conductor Linder, whom he shot to death several years ago following an altercation on a Muncie-Portland Interurban car, is seeking a pardon from the state board of pardons.

INDIANAPOLIS has taken an advanced stand concerning the question of quarantine for venereal diseases. Beginning September 2, all venereal cases must be reported and the afflicted person must obtain treatment from a licensed physician and undergo detention in his own home.

THE Martin County Medical Society has published a notice in the daily papers to the effect that fees are due and payable when professional services are rendered and that no further service will be rendered by members of the society when payment is refused.

BEFORE the war America depended on foreign countries for belladonna, digitalis, henbane and other valuable drugs, but now these are grown in the United States. The American grower, however, is taking advantage of conditions and has boosted the price.

FOR the benefit of doctors who may be going to Fort Benjamin Harrison for examination, Captain Cox, recruiting officer, has stated that examinations for admission to the Medical Reserve Corps will be held from 8 to 11 a. m. daily, except Saturdays and Sundays.

THE Evansville doctors unanimously voted to fly white flags from their automobiles on Sunday while making professional calls so that it may be known that they are not violating the government ban on the use of gasoline as a fuel for pleasure automobile riding on that day.

THE City Hospital at Indianapolis has opened a new ward, under the auspices of the United States Public Health Service, for the treatment of venereal disease. The ward will accommodate thirty-five patients, and the work will be under the direction of Dr. Herman G. Morgan.

THE War Department has taken over the West Baden Hotel and the Sutton Hotel, both at West Baden, Ind., for use as convalescent hospitals for returned soldiers. It is reported that negotiations are under way for taking over the French Lick Springs Hotel at French Lick also.

SIXTY of the ninety medical colleges in the United States are co-educational institutions. The war has increased the tendency on the part of medical colleges to throw open their doors to women students, and women are taking advantage of the opportunities offered to a greater extent than ever before.

THE Michigan law providing for the sterilization of mental defectives or insane persons in institutions has been declared unconstitutional by the Supreme Court of Michigan on the ground that it is class legislation. The court did not pass on the constitutionality of the principle of sterilization.

THE War Department is permitting a limited number of student nurses to go to France, where they may both render service and complete their training under representatives of their own schools and base hospitals abroad. Most of the pupils selected will be seniors and will be enrolled in the Army School of Nursing.

THE public health committee of the New York Academy of Medicine recommends that the plan of furnishing school lunches be extended and that instead of being as hitherto, a private philanthropy, the city government should institute this important service with the opening of the new school year.

IT is announced that members of draft boards are to receive more remuneration for their services. In the future board members will receive from \$50 to \$200 a month, the amount in each case being determined by the number of registrants on their rolls. The increased pay has been authorized by Provost Marshal General Crowder.

FRANCE has called the class of 1920 (young men, 18 years of age) to the colors. Instructions have been issued to the effect that the most rigid medical examinations shall be made in selecting men from this contingent. Only those men will be accepted who are sound physically, strong and robust, and present physical attributes clearly adequate for service.

DR. H. G. MORGAN of Indianapolis has been appointed as acting assistant surgeon in the United States Public Health Service to have charge of sanitary regulations at Fort Benjamin Harrison and vocational training camps in Indianapolis. This work will not interfere with Dr. Morgan's duties as secretary of the Indianapolis City Board of Health and other work.

A NEW army council instruction has been issued with regard to the release of medical students serving the colors for the purpose of resuming their professional studies. A medical student desiring to be released from the colors must state the date on which he wishes to be released and undertake to resume his studies with a view to qualifying for a medical career.

A PLAN is now being worked out whereby registrants who have been placed in Group 1, Class B, on account of remedial defects, may be provided gratuitous surgical and hospital aid in having the defects remedied. The plan contemplates furnishing a list of competent and trustworthy physicians and surgeons and a list of hospitals that will care for such registrants.

MR. JOHN W. BOEHNE, Ex-Mayor of Evansville, has contributed money to erect a new addition to the Boehne Anti-Tuberculosis Camp near Evansville. The addition will cost about \$12,000 and will be used for the returned soldiers who are suffering from the white plague, twenty of these now being in Vanderburg County. The new addition will accommodate from forty to sixty soldiers.

DRS. FRED BATMAN, B. D. Myers, C. C. Stroup and J. E. Moser of Bloomington have been appointed members of the examining board to examine all Indiana University students for the Army Training Corps. The pay of the members of the board will be \$150 a month, and they will be permitted to attend to their regular practice after they have spent the time required by them at the university.

IN LESS than six months the medical department of the United States Army has established sixteen model sanitary trains which are now running on the French railroads and are destined for the American Army. More than 640 wounded can be taken care of on one train, which has 630 beds. Each coach for the wounded is provided with a bathroom. The train is lighted by electricity and has telephone connection between all the coaches.

DR. PAUL MARTIN of Indianapolis, now a member of Base Hospital No. 32, overseas, writes a friend in Indianapolis that not long since he was on continuous duty for twenty-seven hours operating, with only two hours' rest. He also says he has had the unusual experience of taking a flight in an airplane. He highly commends the valor of our American soldiers.

THREE women surgeons from New York—Drs. Caroline S. Findley, Anna I. VonSholly and Mary Lee Edward—have been decorated by the French government and commissioned lieutenants in the French army. The commissions and decorations were given for excellent surgical work and treatment of the wounded during heavy bombardment in a hospital near the French front.

THE Committee of Pollution and Sewerage of the Merchants' Association of New York has addressed a letter to the Hon. William G. McAdoo, Director General of the United States Railroad Administration, asking for the abandonment of the unsanitary practice of discharging the contents of toilets from trains upon the road-beds of the railways of this country.

DR. RAYMOND H. STENGER, formerly practicing physician at Indianapolis, member of medical staff at the South Eastern Hospital for the Insane at Madison, and surgeon at the Soldiers' Home, Lafayette, but of late years pathologist at the Kankakee State Hospital, Kankakee, Ill., has been commissioned first lieutenant in the Medical Reserve Corps and ordered to report at Camp Grant for duty.

INDIANA physicians have been warned by the Council of National Defense to avoid use of the Red Cross insignia on their automobiles as a means of designating their profession when driving their cars on Sunday. The use of the insignia of the Red Cross is protected by the United States law, and it is a violation of the law for doctors to use the insignia except when authorized to do so by Red Cross officials.

DR. J. N. HURTY, Secretary of the State Board of Health, is taking active measures to prevent the spread of influenza throughout the state of Indiana. He has asked city and county health officers to assist him in the work. Where influenza is present in any considerable number of cases, churches, schools, theatres and other public places where people congregate are ordered closed and thoroughly fumigated before being used again.

ALL medical students belong to the Enlisted Medical Reserve Corps. They have been assigned to the inactive list to complete their medical education. Recently the government has decided to mobilize the Enlisted Medical Reserve Corps, uniform the members and place them in barracks. They will be rationed and paid just as any other branch in active service and may be ordered overseas when needed. Their medical training will be supplied in hospital service at the front.

THE Tippecanoe County Medical Society has procured a service flag for the society, on which is placed twenty-two stars, representing the physicians of the society who have entered military service. The society also made an announcement to the public to the effect that owing to the shortage of physicians unnecessary night calls would not be made, and a request is made to the public to call the doctors as early as possible in the morning and as early as possible in the afternoon, so that the doctors can route their calls.

THE government now is regulating not only the size of newspapers and periodicals, but the quality of paper used in their production. In furthering the conservation of paper newspapers and periodicals are compelled to discontinue subscriptions after date of expiration, are not permitted to send out complimentary copies for any purposes, and are not permitted to send more than one copy to advertisers, or to have free exchanges with other journals. Newspapers and periodicals also are not permitted to be sold at expressly low or nominal subscription rates.

THE Indiana executive committee of the Volunteer Medical Service Corps is made up of the following physicians: Dr. Frank B. Wynn, chairman, Indianapolis; Dr. George M. Wells, secretary, Indianapolis; Dr. Miles F. Porter, Fort Wayne; Dr. G. W. H. Kemper, Muncie; Dr. George T. McCoy, Columbus; Dr. Spencer M. Rice, Indianapolis; Dr. William J. Gott, Indianapolis; Dr. A. M. Hayden, Evansville. The purpose of this committee is to cooperate with the Central Governing Board in promoting all activities pertaining to the mobilization and enrollment of members of the Volunteer Medical Service Corps throughout the state.

DR. R. B. H. GRADWOHL, director of the Gradwohl Biological Laboratories and the St. Louis Pasteur Institute of St. Louis, Mo., has

recently been honored with the position of organizing director of Naval Base Hospital, Unit No. 19, with the rank of lieutenant commander. Realizing full the fact that these laboratories are fulfilling a great national duty in caring for the wants of physicians, Dr. Gradwohl will leave his splendid organization in full working order under competent direction during his absence. The physicians who have honored these institutions with their work may continue to send it with full assurance that their every want will be carefully and conscientiously looked after.

BOSTON UNIVERSITY announces that its medical department has been thoroughly reorganized and henceforth will be nonsectarian in scope and character. Eminent physicians of the regular school will conduct courses in pharmacology and therapeutics and clinical teaching will be given in the Boston City Hospital and the Robert Bent Brigham Hospital. Homeopathic materia medica will be taught as heretofore, with clinical teaching in the Massachusetts Homeopathic Hospital and allied institutions. The spirit of the times is to do away with sectarianism in things scientific. In accord with this spirit, this school in 1918 announces that its curriculum has been made as broad and inclusive as is consistent with the medical science of the day.

THE Indiana Society for the Prevention of Tuberculosis is making an active campaign to secure the vote of electors at the November election for a tuberculosis sanitarium for the counties of Noble, DeKalb, Steuben and LaGrange. The board of county commissioners has full power to establish a county tuberculosis hospital without first submitting the question to the voters of the county, or without the board being petitioned to establish such a hospital. However, if the board should refuse to establish such a hospital, the citizens, by means of a petition signed by 200 freeholders and an election, can force it to do so if the majority of the voters are in favor of it. The antituberculosis campaign is being carried on by means of lectures, literature and personal solicitation. In Marion County a full time teacher hired for the purpose gives regular instructions in measures to prevent tuberculosis in all public schools.

THE Surgeon-General's Office, War Department, has issued an urgent call for young women to serve in reconstruction hospitals at home and abroad. The Normal School of Physical Education, Battle Creek, Mich., which

is affiliated with the Battle Creek Sanitarium, wishing to do its share toward winning the war, has inaugurated a course in physiotherapy which meets the requirements of the War Department. Courses begin October 1 and February 1. Length of course is four months. The curriculum consists of anatomy, physiology, hygiene, bandaging, active and passive movements, hydrotherapy, massage, electrotherapy and clinics. The medical profession is asked to direct the attention of young women who are planning to engage in war work to this unusual opportunity. Further information may be obtained from Frank J. Born, M.D., director of the school.

FOLLOWING an appeal from Washington for volunteers to assist in the fight on Spanish influenza, which was read by Col. Franklin Martin at the patriotic rally on Thursday evening of the Indianapolis session of the Indiana State Medical Association, seventeen doctors offered their services in any capacity in which the United States Public Health Service might see fit to use them. These doctors were: Harry J. Weil, John W. House, C. W. Roller, W. C. Roland, John H. Rosenberg, and H. W. McCain, all of Indianapolis, and R. F. Frost of Huntington, B. B. Morrow of Muncie, E. C. Cekul of Laotto, M. L. Ploughe of Elwood, C. D. Lane of Ligonier, Prosser Clark of Clarksburg, W. E. Thomas of Greensburg, John H. Williams of Cowan, Homer W. Cox of Greenwood, E. C. Garber of Dunkirk, and C. R. Wright of Frankton. Doctors accepted for this service will receive \$200 a month and expenses.

DURING September the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with new and non-official remedies:

Nonproprietary articles: Benzyl Alcohol.

Armour and Company: Corpus Luteum Capsules, 2 Grains Thromboplastin Solution-Armour.

Gilliland Laboratories: Antipneumococcus Serum, Type I.

Hynson, Westcott and Dunning: Phenmethylo-H. W. and D.; Phenmethylo Ampules, 1 per cent., H., W. and D.; Phenmethylo Ampules, 2 per cent., H., W. and D.; Phenmethylo Ampules, 4 per cent., H., W. and D.

Riedel and Company: Salipyrine Tablets, 7½ grains.

E. R. Squibb and Sons: Chlorcosane-Squibb, Halazone-Squibb Tablets, 1-16 grain; Solargentum-Squibb.

DR. G. W. H. KEMPER, in compiling a list of the surviving surgeons of the Civil War reports that of the 500 surgeons commissioned by Governor Morton for the Indiana regiments he was able to find but eleven survivors. They are as follows: John H. Alexander, Surgeon Twenty-Seventh Indiana Infantry; George F. Beasley, Volunteer Navy; N. A. Chamberlain, Surgeon Thirteenth Indiana Infantry; Henry C. Davisson, Assistant Surgeon Fifty-Fourth Indiana Infantry; John S. Dukate, Assistant Surgeon Fifty-Third Indiana Infantry; Stanley W. Edwins, Assistant Surgeon One Hundred and Twenty-Fourth Indiana Infantry; G. W. H. Kemper, Assistant Surgeon Seventeenth Indiana Infantry; A. H. Shaffer, Surgeon Seventy-Fifth Indiana Infantry; John F. Taggart, Surgeon Fourth Indiana Cavalry; Harvey S. Wolf, Surgeon Eighty-First Indiana Infantry; Green V. Woolen, Assistant Surgeon Twenty-Seventh Indiana Infantry. —————

THE Mississippi Valley Conference on Tuberculosis at St. Louis, October 2-4 was said by those who are "old hands at the business" to be the best conference they ever attended. Everybody—the weatherman, the officers of the conference, the program committee, the St. Louis "Ask Me" committee, the hotel management and the St. Louis people generally confederated to make it a meeting long to be remembered by the 400 delegates from the twelve Mississippi Valley states included in the conference. Of course, Indiana was there with a per capita representation exceeding any of the other states. It was a war-time conference. The returned tuberculous soldier and his sanatorium care was the uppermost problem, although of necessity "influenza" came in for its full share of discussion. Des Moines, Ia., is the place of the next conference, and the officers for next year are: President, Sherman C. Kingsley, Cleveland; vice-president, Dr. J. W. Pettit, Chicago; secretary-treasurer, Paul L. Benjamin, Minneapolis. —————

THE VOLUNTEER MEDICAL SERVICE CORPS.—An appeal to executive committees and county representatives of the Volunteer Medical Service Corps, and state committees of the Council of National Defense. No official or committeemen representing the Volunteer Medical Service Corps of the General Medical Board of the Council of National Defense, is now authorized or has been authorized to favor any organized or unorganized method of coercion in inducing members of the medical profession to join the

Medical Corps of the Army or Navy, or the Volunteer Medical Service Corps. Our committeemen are especially urged against favoring any movement that would threaten to impair a medical man's standing in his local, state or national society because he refused to enroll in the Army or Navy, or the Volunteer Medical Service Corps.

It must be made clear that the Volunteer Medical Service Corps is a volunteer organization which has for its object the enrollment and classification of the profession. Its members are entitled to wear an insignia which will clearly indicate that they have offered their services to the government, when such services are needed. Patriotism cannot be created by coercion. It also must be made clear that the Volunteer Medical Service Corps has for its primary object furnishing its classification to the Army, the Navy, the Public Health Service, the Red Cross and Provost Marshal, as well as to civilian institutions and communities, as a guide in providing for their needs to the best advantage.

The object of the Corps is not to disturb any medical man in the performance of any duty to which he has been assigned by any governmental agency either for service at the front or at home.

(Signed) EDWARD P. DAVIS, President,
Volunteer Medical Service Corps.
FRANKLIN MARTIN, Chairman,
General Medical Board, Council of National Defense. —————

ORDERS to officers of the Medical Reserve Corps, as pertains to Indiana doctors, during the month of September:

To Camp Crane, Pa., from Camp Zachary Taylor, Capt. P. B. COBLE, Indianapolis.

To Camp Dodge, Iowa, Lieut. H. C. METCALF, Andersonville.

To Camp Lee, Pa., from Fort Oglethorpe, Lieut. E. VAN REED, Lafayette.

To Camp Upton, N. Y., as orthopedic surgeon, from Boston, Capt. W. C. MOSS, Bunker Hill.

To Camp Wheeler, Ga., from Camp Lee, Lieut. J. L. HEDDING, Bluffton.

To Fort Oglethorpe, from Camp Custer, Lieut. C. H. MEAD, Bluffton; from Colonia, N. J., Capt. L. P. DRAYER, Fort Wayne. For instruction, Capt. F. HODGES, Indianapolis; M. J. COOMES, Versailles; Lieuts. R. S. KEMP, Kentland; H. G. WEISS, Rockport; R. E. SWOPE, Rockville.

To Fort Sam Houston, Texas, Lieut. H. H. DEEN, Leavenworth.

To Habaken, N. J., base hospital, from Fort Slocum, Major H. M. HOSMER, Gary.

To New Haven, Conn., Capt. B. B. PETTJOHN, Indianapolis.

To Rochester, Minn., for instruction, and on completion to Camp Grant, Ill., base hospital, from Camp Grant, Lieut. B. E. LEMMON, Greencastle.

To Rockefeller Institute for instruction in laboratory work, and on completion to New Haven, Conn., Yale Army Laboratory School, from Fort Oglethorpe, Capt. J. P. SEALE, Fairmount.

To Walter Reed General Hospital, D. C., from Camp Meade, Lieut. L. S. BOLLING, Attica.

To report to the commanding general, Central Department, Capt. A. H. CAFFEE, Terre Haute.

Honorably discharged on account of physical disability existing prior to entrance into the service, Lieut. C. L. SOUTHER, Columbia City.

To Army Medical School for instruction, from Camp Jackson, Lieut. E. H. HARE, Indianapolis.

To Camp Custer, Mich., from Camp Sherman, Capt. P. C. TRAYER, South Bend.

To Camp Grant, Ill., Lieuts. L. N. GEISINGER, Auburn; H. V. BLOSSER, Fort Wayne.

To Camp Sevier, S. C., base hospital, Capt. R. G. HENDRICKS, Indianapolis.

To Camp Wadsworth, S. C., base hospital, Lieut. L. O. SHOLTY, Wabash.

To Camp Zachary Taylor, Ky., Lieut. W. F. DUNHAM, Kempton; from Camp Grant, Capt. J. R. DILLINGER, French Lick.

To Newport News, Va., Lieuts. C. HABICH, Indianapolis; W. A. OHMART, North Manchester; B. W. HARRIS, Uniondale.

To Rochester, Minn., Mayor Clinic, for instruction, and on completion to Camp Custer, Mich., base hospital, Lieut. R. C. OTTINGER, Indianapolis.

To Ann Arbor, Mich., State Psychopathic Hospital, for instruction, Capt. C. C. FUNK, New Albany.

To Camp Custer, Mich., Capt. M. A. AUSTIN, Anderson; T. M. STALEY, Bicknell; Lieuts. L. F. BILLS, Atlanta; E. G. BOUNELL, Hillsboro; F. E. JACKSON, Indianapolis; R. D. ARFORD, Middletown; H. W. MARKLEY, Redkey; C. S. CARMICHAEL, Seelyville; N. A. JAMES, Tell City; H. D. McCORMICK, Vincennes; E. A. SPOHN, Walton.

To Camp Grant, Ill., N. L. HELLER, Dunkirk.

To Camp Lee, Va., Lieuts. P. ARMSTRONG, Gilman; D. W. BELL, Otwell; E. R. GIBBS, Wilkinson.

To Camp McClellan, Ala., base hospital, Capt. H. A. VAN OSDOL, Indianapolis.

To Camp Sheridan, Ala., Capt. H. L. MILLER, West Baden.

To Camp Sherman, Ohio, Capt. A. W. SCHREIBER, Lafayette; Lieuts. G. F. GREENLEAF, Hammond; C. S. BRYAN, Vincennes; G. B. DeTAR, Winslow.

To Fort Oglethorpe for instruction, Capt. J. A. RAWLEY, Brazil; E. M. HOOVER, Elkhart; H. H. WHEELER, Sr., Indianapolis; M. N. THAYER, Linton; C. H. McCULLY, Logansport; W. J. MOLLOY, Muncie; Lieuts. F. G. KELLER, Alexandria; H. L. CUNNINGHAM, Ashley; O. A. DELONG, Azalia; E. E. SCHRIEFER, Cannelton; F. STACKHOUSE, Cates; D. S. STRONG, Dana; B. D. LUNG, Kokomo; J. H. HARE, Logansport; H. E. STEINMAN, Monroeville; E. E. HEATH, Napoleon; J. L. WILSON, South Bend; E. T. EDWARDS, Vincennes; C. A. ROARK, Waynestown.

To Fort Riley for instruction, Capt. W. R. DAVIDSON, Evansville; W. V. STANFIELD, New Town; Lieuts. N. STERN, Indianapolis; O. H. McDONALD, London; C. B. PAYNTER, Salem.

To Ann Arbor, Mich., University of Michigan, Lieut. G. H. McCASKEY, West Newton.

To Camp Abraham Eustis, Va., base hospital, from Camp Meade, Lieut. J. L. GLENDENING, Indianapolis.

To Camp Alfred Vail, N. J., Lieut. C. L. ROWELL, Valparaiso.

To Camp Beauregard, La., evacuation hospital, from Camp Wheeler, Capt. G. B. JACKSON, Indianapolis.

To Camp Dodge, Iowa, evacuation hospital, from Camp Custer, Capt. F. H. KELLY, Argos.

To Camp Gordon, Ga., base hospital, from Camp Shelby, Lieut. J. E. BRENNER, Winchester; from Fort Oglethorpe, Lieut. M. M. MORAN, Portland.

To Camp Greene, N. C., evacuation hospital, from Camp Hancock, Lieut. L. W. SMITH, Warren.

To Camp Jackson, S. C., base hospital, from Fort Oglethorpe, Capt. J. W. SHAFER, Lafayette.

To Camp McClellan, Ala., evacuation hospital, from Fort McPherson, Capt. H. C. WADSWORTH, Washington.

To Camp Meade, Md., from Fort Oglethorpe, Lieut. L. H. STAFFORD, Indianapolis.

To Camp Newton D. Baker, Texas, base hospital, from Fort Riley, Lieut. B. R. KIRKLIN, Muncie.

To Camp Perry, Ohio, from Central Department, Major M. R. COMBS, Terre Haute.

To Camp Sherman, Ohio, to examine the command for nervous and mental diseases, Capt. F. W. TERFLINGER, Logansport.

To Camp Zachary Taylor, Ky., as orthopedic surgeon, from Fort Oglethorpe, Capt. J. B. YOUNG, Cumberland. Base hospital, from Army Medical School, Lieut. E. M. KIME, Indianapolis; from Fort Oglethorpe, Capt. A. L. BRAMKAMP, Richmond.

To Fort Oglethorpe for instruction, Capt. J. E. P. HOLLAND, Bloomington; Lieut. O. C. STEPHENS, Fort Branch.

To Garden City, N. Y., Lieut. P. J. COULTAS, Bristow.

To Hoboken, N. J., from New Haven, Lieut. F. P. HUNTER, Lafayette. Base hospital, from Fort Des Moines, Capt. J. C. GLACKMAN, Hatfield.

To Jefferson Barracks, Mo., base hospital, from Camp Upton, Capt. W. C. MOSS, Bunker Hill.

To Lakewood, N. J., Lieut. G. N. DRULEY, North Webster.

To Otisville, N. Y., from New Haven, Capt. M. L. SAMMS, Batesville.

SOCIETY PROCEEDINGS

INDIANA STATE MEDICAL ASSOCIATION

Indianapolis Session—Sept. 25-27, 1918

THURSDAY MORNING MEETING

GENERAL MEETING

The Thursday morning meeting of the Indiana State Medical Association was called to order at 9 o'clock by the President, Dr. Joseph Rilus Eastman.

Dr. C. F. Fleming, Elkhart, read a paper entitled "Ano-Rectal Fistula."

Dr. H. H. Wheeler, Indianapolis, read a paper entitled "Study of the Anus, Rectum and Sigmoid" (Lantern Slides).

These papers were discussed by Drs. William H. Foreman, Indianapolis, and C. C. Terry, South Bend.

Dr. Albert E. Bulson, Jr., Fort Wayne, read a paper on "Syphilis as It Pertains to the Eye." This paper was discussed by Dr. George F. Keiper, Lafayette, and the discussion closed by Dr. Bulson.

Dr. Hugh T. Patrick, Chicago, read a paper entitled "War Neuroses." This paper was discussed by Drs. C. F. Neu, Indianapolis; Albert E. Sterne, Indianapolis.

Dr. George W. Bond, Indianapolis, read a paper entitled "The Soldier's Heart." There was no discussion of this paper.

Adjournment until 2 o'clock p. m.

Thursday Afternoon Meeting

The Thursday afternoon meeting was a joint meeting with the Interstate Association of Anaesthetists, and was called to order at 2:15 by the President, Dr. J. R. Eastman, who turned the meeting over to Dr. John J. Buettner, Vice-Chairman of the Interstate Association of Anaesthetists.

Dr. John Osborne Polak, Brooklyn, read a paper entitled "A Clinical Study of Blood Pressure, Pulse Pressure and Hemoglobin in Postoperative Shock, Hemorrhage and Cardiac Dilatation."

Dr. Donald Guthrie, Sayre, Pa., read a paper on "Factors of Safety in Hysterectomy."

These two papers were discussed by Drs. W. E. Burge, Urbana, Ill.; Albert E. Sterne, Indianapolis; J. Y. Welborn, Evansville, and by Drs. Polak and Guthrie in closing.

Dr. James Cotton, Toronto, Canada, read a paper entitled "Cotton-Process Ether and Ether Analgesia." This paper was discussed by Drs. G. W. Spohn, Elkhart; L. F. Schmauss, Alexandria; A. F. Knoefel, Terre Haute; Paul Cassidy, Cincinnati, Ohio, and by Dr. Cotton in closing.

The paper of Dr. E. I. McKesson, Toledo, Ohio, on "Nitrous Oxid Anesthesia in Cesarean Section and Operative Obstetrics" was read by Dr. F. H. McMechan, Avon Lake, Ohio. There was no discussion of this paper.

Adjournment.

Thursday Evening Meeting

The Thursday evening meeting was called to order at 8:15 by the President, Dr. J. Rilus Eastman.

Singing: "America."

Invocation: Rev. Lewis Brown, St. Paul's Episcopal Church, Indianapolis.

President's address.

Singing: (Community singing).

Mr. W. A. Kling, in behalf of the United War Work Campaign, presented the needs of this board.

Mr. F. E. Raschig, acting Executive Secretary, read the following resolution:

"Resolved, That the Indiana State Medical Association at its annual session indorses the United War Work Campaign to finance the war welfare activities which are backing our fighters at home and overseas."

Moved by Dr. Hayden of Evansville that the resolution be adopted; motion seconded and carried.

Mr. M. E. Foley, Chairman Indiana State Council of Defense, delivered an address on "Indiana in the War."

Col. Franklin H. Martin, Chairman Medical Section, National Council of Defense, addressed the Association in behalf of the Volunteer Medical Reserve Corps.

Major Robert C. Baltzell, the State Draft Executive, spoke of the duties of physicians who serve on local draft boards.

Dr. W. H. H. Kemper, Muncie, Ind., wearing the uniform of a lieutenant (Wilder's Brigade) of the Civil War, read a paper entitled "The Surgeons of the Civil War."

Mr. F. C. Schortemeier, Executive Secretary, made a brief appeal in behalf of the Fourth Liberty Loan, and the meeting adjourned.

Friday Morning Meeting

The Friday morning meeting was called to order at 9 o'clock, Dr. V. V. Cameron, Marion, Vice President, presiding.

The following papers were read in symposium:

"Industrial Clinics and Welfare Work as an Industrial Asset," Dr. M. A. Austin, Anderson. (Paper read by Dr. Etta Charles.)

"Infant Conservation," Dr. Ada Schweitzer, Indianapolis.

"A Plea for Prenatal Care," Dr. Charles O. McCormick, Indianapolis.

These papers were discussed by Drs. Jane Ketcham, Indianapolis; Louis Ross, Richmond; W. A. Fankboner, Marion; Nettie P. Powell, Marion; L. F. Schmauss, Alexandria, and V. V. Cameron, Marion.

Dr. H. O. Mertz, Laporte, read a paper on "The Significance of the Blood in the Urine." This paper was discussed by Drs. Charles E. Barnett, Fort Wayne; M. Joseph Barry, Indianapolis; Bernhard Erdman, Indianapolis; L. F. Schmauss, Alexandria, and by Dr. Mertz in closing.

Dr. A. L. Marshall, Indianapolis, read a paper entitled "What the General Practitioner May, May Not and Must Do in Eye Conditions." There was no discussion of this paper.

Friday Afternoon Meeting

The Friday afternoon meeting was called to order at 2 o'clock by the Vice-President, Dr. V. V. Cameron, Marion.

The following papers were read in symposium:

"Infection and Toxemia in Relation to Glandular Organs," Dr. Hugo Pantzer, Indianapolis.

"Preliminary Thyroid Operation," Dr. Goethe Link, Indianapolis.

"Malignant Growths of the Thyroid," Dr. H. K. Bonn, Indianapolis.

"Present Status of Radium Therapy," Dr. T. C. Kennedy, Indianapolis. (Lantern slides.)

These papers were discussed by Drs. A. C. Kimberlin, Indianapolis; H. O. Shafer, Rochester; A. W. Brayton, Indianapolis, and by Drs. Pantzer, Link, Bonn and Kennedy in closing.

Adjournment until 1919.

HOUSE OF DELEGATES

(INDIANAPOLIS SESSION, SEPT. 25-27, 1918)

First Meeting

Meeting, held in Palm Room of Claypool Hotel, 7:15 p. m., September 25, called to order by Dr. J. R. Eastman, President. Minutes of meetings of Evansville Session read and approved. Reports made by committees on Arrangements, Scientific Work, Medical Defense, Publication, Credentials, Administration and Public Policy, Legislation, and Necrology accepted as printed in THE JOURNAL. Moved and carried that reports of Medical Defense and Administration committees be referred to an auditing committee. Committee appointed by President, consisting of Drs. Spohn, Trent and Hayden.

Resolution offered by Dr. A. E. Sterne to abolish Committee on Medical Defense, its work to be taken over by the Committee on Administration. Action deferred until second meeting.

Communication from Dr. J. N. Hurty asking co-operation in the fight to control venereal disease read, and committee to consider resolution appointed. Drs. Shanklin, Hadley and Pierson appointed.

Dr. G. R. Daniels moved adoption of the Wishard resolution offered at the 1917 session to amend the By-Laws, Chapter 1, Section 1, by adding the following: "Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association." Motion carried.

Dr. George T. MacCoy moved that committee be named to confer with like committee of dentists. Committee named consists of Drs. MacCoy, Knepple and Evans.

Dr. George F. Keiper moved appointment of committee to codify constitution and by-laws, to report at next annual session. Carried.

Dr. E. M. Shanklin presented resolution to reduce annual dues of members in military service. Discussion followed and committee authorized, composed of Drs. Shanklin, Keiper and Bulson, to investigate the situation and ascertain if legal method exists to use accumulated funds for overseas members.

Adjournment.

Second Meeting

The final meeting of the House of Delegates was held in the Palm Room, Friday, September 27, at 9 a. m. President J. R. Eastman occupied the chair. Minutes of previous meeting read and approved.

Dr. G. W. H. Kemper presented resignation of Dr. W. H. Stemm of North Vernon as Councilor from the Fourth District.

Election of officers scheduled as first order of business, resulted in the election of the following:

President, Dr. W. H. Stemm, North Vernon.

First vice president, Dr. L. L. Whitesides, Franklin.

Second vice president, Dr. Stephen B. Sims, Frankfort.

Third vice president, Dr. H. B. Hill, Logansport.

Secretary-treasurer, Dr. Charles N. Combs, Terre Haute.

All the above officers were elected by a unanimous vote.

Delegate to the American Medical Association, Dr. Joseph Rilus Eastman, Indianapolis; alternate, Dr. Miles F. Porter, Fort Wayne.

Codification committee appointed, consisting of Drs. Keiper, Wynn and Bulson.

Auditing committee reported favorably on accounts of Medical Defense and Administration committees and report adopted.

Committee offers following resolution indorsing campaign against venereal disease:

"WHEREAS, The Surgeons-General of the Army, Navy and Public Health Service have declared venereal diseases to be a serious menace to the efficiency of the military and naval forces of the United States, and,

"WHEREAS, It is well known to the medical profession that venereal diseases are a constant threat to the vigor of the race, and,

"WHEREAS, The Federal Government, through the Medical Department of the Army, Navy and Public Health Service, has requested that all cases of venereal diseases be reported and that the Indiana State Board of Health has by rule, as provided by statute, required the reporting of all such cases, therefore, be it

"Resolved, That the Indiana State Medical Association hereby indorses the nation-wide campaign against venereal diseases and urges upon the physicians of Indiana the fullest possible cooperation with federal and state authorities in the reporting and suppression of venereal diseases, both as a professional and patriotic duty."

Signed: E. M. Shanklin, Allen Pierson and Murray N. Hadley.

Resolution passed with recommendation that it be given to press.

Nominations made for membership on Administration Committee, one receiving the highest number of votes to serve as chairman and for three-year term; next highest to serve for two years and third highest to serve for one year. Election results as follows: To serve three years, Dr. E. M. Shanklin of Hammond; to serve two years, Dr. Frank B. Wynn of Indianapolis; to serve one year, Dr. G. R. Daniels of Marion. The permanent members of this committee are the president and the Editor of THE JOURNAL.

Indianapolis was chosen as the place for the 1919 session.

Motion made, seconded and carried that a vote of thanks be extended to the profession and citizens of Indianapolis for courtesies extended. Carried.

Motion made, seconded and carried that House of Delegates elect councilors in districts where term has expired, delegates from respective districts to make nominations. Election of councilors resulted as follows: First district, Dr. J. Y. Welborn of Evansville; third district, Dr. Walter Leach of New Albany; fourth district, Dr. A. G. Osterman of Seymour; fifth district, Dr. Spencer M. Rice of Terre Haute; ninth district, Dr. William R. Moffitt of Lafayette; twelfth district, Dr. E. E. Morgan of Fort Wayne.

Resolution to abolish Committee on Medical Defense was carried out by resignation of the members of committee, and the election of the members of the Committee on Administration to be members of Committee on Medical Defense.

Resolution to remit dues of soldier members presented by Dr. E. M. Shanklin, chairman of committee, as follows:

"Resolved, That all physicians in good standing in the Indiana State Medical Association during the year 1917, and who are now in active service in the allied armies, and who have not paid 1918 dues, shall have their dues remitted during the period of their military service. Further, that THE JOURNAL and the Medical Defense portion of these dues shall be paid out of the general funds of the Association."

Signed: E. M. Shanklin, A. E. Bulson, Jr., George F. Keiper. Resolution adopted unanimously.

Dr. A. E. Bulson, Jr., moved that the Association go on record as demanding a vigorous prosecution of the war until decisive military victory is obtained, and that copies of such resolution be sent to President Wilson and to Surgeon-General Gorgas.

Dr. Bulson offered the following resolution, which was unanimously adopted by a rising vote:

"Resolved, That the Indiana State Medical Association pledges its entire membership to assist the government in its vigorous prosecution of the war; that it indorses President Wilson's declaration that 'force without stint' be applied until the world is made forever safe from the menace of the Hun, and that no peace shall be contemplated which is not based on unconditional surrender of the enemy."

Moved, seconded and carried that Secretary send the greetings of Association to Dr. W. N. Wishard and Dr. Edwin Walker, and that cablegram notifying him of re-election as secretary-treasurer be sent to Dr. Charles N. Combs, captain in Medical Reserve Corps, serving in France.

Adjournment.

COUNCIL

Council called to order by Dr. G. W. H. Kemper in Palm Room of Claypool Hotel, Wednesday, September 25, at 5:30 p. m.

No special business coming before body, adjournment followed.

Second meeting of Council dispensed with, owing to meeting of House of Delegates and special Volunteer Medical Service Corps meeting.

NOTES

Two special meetings of the county representatives of the Volunteer Medical Service Corps were held in Parlor B of the Claypool Hotel on Friday, September 27, one at 8:30 a. m., presided over by Col. Franklin Martin, and the other at 1:30 p. m., presided over by Dr. Frank B. Wynn, chairman of the V. M. S. C. executive committee. Details of the organization's work were explained by Colonel Martin while at the latter meeting. Names of applicants to the corps were certified by the state committee.

The number of members who registered at the session was 388, a figure below the average Indianapolis meetings, but satisfactory, considering the number in service.

The registration desk was handled efficiently by Miss Irene Lowe, clerk in the executive secretary's office. Miss Lowe also reported the meetings of the House of Delegates.

At the get-together smoker in the assembly-room of the hotel on the opening night two motion pictures were shown, the Frauenthal film for the after-treatment of poliomyelitis and a film showing delivery under nitrous oxid-oxygen analgesia.

DELAWARE-BLACKFORD

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. Building Friday evening, September 6, and was called to order at 8:15 by President O. E. Spurgeon.

Dr. G. H. Sherman, bacteriologist and bacterin manufacturer, of Detroit, was present and delivered a lecture on "The Practical Side of Vaccine Therapy," from which the following abstract was made.

Most published articles on vaccine therapy have been written by laboratory men, and are technical and not readily understood except by others in the same line of work, but I will try to make this address practical.

Infection is a problem of life; cell organisms in competition with living tissue cells of the body. Germs live on food, and furnish their own digestive ferments. Virulence of infection depends on the rate of multiplication, and multiplication depends on food supply. Immunity depends on the formation of some influence having a destructive effect on the invading germs. When the constructive ferments of the body fail to overcome destructive germs or to produce immunity, the injection of attenuated or dead organisms into healthy tissues will assist in the process. How? Tissues do not recognize the difference between dead and living virulent enemies, and will put forth the same effort to destroy them. This action generates the surplus antigen necessary to overwhelm the toxic cocci, and assists nature to accomplish what she has been attempting. Dead cocci are more dependable in arousing healthy tissues to antigen formation than are live cell organisms.

Intensity of infection does not determine the extent of immunity nor the term of its effectiveness. Enforced immunity is a rational measure. The U. S. Army takes precautions to prevent typhoid fever and soon will be preventing spinal meningitis and pneumonia.

The four varieties of germs that cause the bulk of all infections are the streptococcus, pneumococcus,

staphylococcus and colon bacillus. The large variety of diseases encountered is due to the tissues or organs involved rather than to the invading organism. Various symptoms may be biologically of the same group.

Specific infections, such as gonorrhea or tuberculosis, may be and frequently are complicated by the above mentioned organisms. This fact is one of the potent reasons for the use of mixed bacterins. Why not immunize to a probable infection while attempting to cure a positive condition?

Infections may be divided into three classes: extreme acute, mild acute and chronic, each requiring individual methods of treatment. Extreme acute cases demand large doses frequently repeated. There are no negative stages while fever is raging and symptoms are prominent. Mild acute cases call for small doses repeated at from two to four day intervals, according to reactions. Chronic cases should be treated by small doses, increased as tolerance is established, given at intervals of from five to ten days.

A severe reaction indicates that an excessive dose has been given. Correct dosage causes the patient practically no inconvenience whatever.

The subject was discussed and questions were asked by Drs. Wadsworth, Hill, Williams, Fair and others. A goodly number of physicians from adjoining counties were present.

Meeting of October 4

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. Building Friday evening, October 4, and was called to order at 8:15 by President O. E. Spurgeon.

W. W. Wadsworth, chairman of the committee appointed to confer with our City Council regarding the adoption of the venereal disease ordinance, reported that his committee approved the ordinance as submitted by the Federal Government and modified by the Indiana State Board of Health, consequently sanctioned no alterations or modifications whatever.

Dr. Goethe Link addressed the society on the subject of "Goiter," saying: Indiana is full of goiter. No age, from the 6-year-old girl to the decrepit grandmother, is spared. Goiter is goiter; the variation being in the damage done and in the symptom complex. No one can accurately make a preoperative diagnosis and tell the exact variety a patient may have, for all forms may be found in the same gland. The personal equation is of great importance, for the same apparent pathology will affect different patients in various ways, i. e., the order of importance of the four cardinal symptoms is not the same in different patients.

There is no such thing as simple goiter, and there is a period in every case when thyroidectomy can be safely done. Recommended remedies are multitudinous; and nearly every patient has tried many of them before the surgeon sees her. On the other hand, some goiter patients do not realize that they are sick, and some know they are sick but do not imagine they have goiter, any or all of the "important" symptoms being so meager that they go unobserved.

The successful treatment of goiter, like that of tuberculosis, implies that the physician has full control of his patients. Preliminary operation, such as the injection of boiling water, ligation of the arteries or poles, may be advisable, and before this the patient may require a period of rest and fortification. The

interval between the preliminary operation and thyroidectomy varies from one to eight weeks, the latter being done when the patient is at her best. In toxic cases, if too little of the gland is removed the symptoms continue or recur; if too much is removed the parathyroids may come to the rescue. Lobectomy should be done only in desperate cases and is not for young girls or old women.

Functional enlargement may be successfully treated in several ways, but when goiter is established the treatment is surgical.

In the discussion C. C. Mills said: Only about one in five is operated. What will we do with the other four? Some one must take care of them. The galvanic current with the negative pole moistened with some iodine compound applied to the goiter, and the positive over the abdomen, will cure a certain number of cases. Vibration at the lateral margins of the lower cervical vertebra will relieve many serious cases.

C. M. Mix: Focal infections are back of goiter, and the thyroid enlargement is due to an effort to immunize the patients to the generated toxins. A large proportion will recover after the source of infection is removed.

F. E. Hill: The time to treat goiter is before it becomes a surgical problem. It generally indicates an adrenal imbalance. When this is due to iodine starvation the administration of iodine in some form will cure the patient.

In rebuttal Dr. Link said: Many patients have periods of quiescence and of exacerbation. A treatment begun at the inception of the former stage may get undeserved credit. "Cured" cases do not always stay cured.

Adjourned.

H. D. FAIR, Secretary.

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

CHLORCOSANE-SQUIBB.—It complies with the standards for chlorcosane, N. N. R. Chlorcosane is a liquid, chlorinated paraffin containing its chlorine in stable (non-active) combination. It is used as a solvent for dichloramine-T and is itself without therapeutic action. E. R. Squibb and Sons New York.

THROMBOPLASTIN SOLUTION-ARMOUR.—An extract of cattle brain in physiological sodium chloride solution prepared according to the method of Hess. It complies with the description of Solution Brain Extract, N. N. R. As a hemostatic, the solution is applied directly to bleeding tissues or applied by means of a spray or tampon. See New and Nonofficial Remedies, 1918, p. 136, under "Fibrin Ferments and Thromboplastic Substances" (Kephalin). Armour and Co., Chicago.

CORPUS LUTEUM CAPSULES, 2 GRAINS.—Each capsule contains 2 grains of corpus luteum-Armour (see New and Nonofficial Remedies, 1918, p. 237). Armour and Co., Chicago.

SALIPYRINE TABLETS, 7½ GRAINS.—Each tablet contains 7.5 grains of salipyryne (see New and Nonofficial Remedies, 1918, p. 275). Riedel and Co., New York.

ANTIPNEUMOCOCCUS SERUM TYPE 1, GILLILAND.—It is marketed in vials containing 50 c.c. The Gilliland Laboratories, Ambler, Pa.

PHENYL CINCHONINIC ACID-ABBOTT.—A brand of phenylcinchoninic acid, U. S. P. (New and Nonofficial Remedies, 1918, p. 269). The Abbott Laboratories, Chicago.

PARRESINED LACE-MESH SURGICAL DRESSING.—Net mesh gauze impregnated with and containing from 45 to 50 per cent. of parresine (see New and Nonofficial Remedies, 1918, p. 247). The Abbott Laboratories, Chicago.

HALAZONE-SQUIBB.—A brand of halazone complying with the standards for halazone, N. N. R. It is marketed only in the form of Tablets Halazone-Squibb, ¼ grain, each containing halazone-Squibb, ¼ grain, anhydrous sodium carbonate, ¼ grain, and sodium chloride, 1½ grains. Halazone tablets are used for the sterilization of drinking water, one to two tablets being added to one quart of water. E. R. Squibb and Sons, New York (*Jour. A. M. A.*, Sept. 28, 1918, p. 1059).

PROPAGANDA FOR REFORM

AN ITALIAN VIEW OF THE PROPRIETARY EVIL.—A Murri, professor of clinical medicine at Bologna, protests against the way he is importuned to prescribe only made-in-Italy pharmaceuticals. He declares his unswerving patriotism, but insists that the physician's duty is to prescribe that which is best to restore the health of his patients. He holds that to elevate the pharmaceutical industry of Italy, there must be founded a supreme council of chemists, pharmacists and clinicians who will examine the made-in-Italy pharmaceuticals with the severest scientific impartiality (*Jour. A. M. A.*, Sept. 7, 1918, p. 840).

DR. A. W. CHASE'S NERVE PILLS.—According to the label, these pills are "used in the treatment" of "thin and watery blood, nervous disorders, brain fog, nervous headache, nervous dyspepsia, irregular heart action, sleeplessness," etc. A circular in the box calls attention to the use of these pills in the treatment of almost everything from pale, sallow complexion, to paralysis and locomotor ataxia. An analysis made in the A. M. A. Chemical Laboratory indicates that "Dr. A. W. Chase's Nerve Pills" contain iron, possibly in the form of ferrous sulphate which is in a state of more or less decomposition, manganese dioxid, aloes or aloin, vegetable extractive, and a trace of an alkaloidal drug (*Jour. A. M. A.*, Sept. 7, 1918, p. 844).

TWO MISBRANDED NOSTRUMS.—Brazilian Balm, directly or inferentially, was claimed to cure consumption, prevent lockjaw and "clear out of the system" the germs of typhoid and diphtheria. A shipment of the nostrum was seized by the federal authorities and ordered destroyed by the court.

Wright's Indian Vegetable Pills were claimed to cure yellow fever, smallpox, erysipelas, consumption, cancer, venereal disease, paralysis, epilepsy and other conditions too numerous to mention. The government, having seized a shipment and charged that the claims were false, the proprietors of the pills admitted the allegation (*Jour. A. M. A.*, Sept. 7, 1918, p. 844).

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BITRO-PHOSPHATE.—The A. M. A. Chemical Laboratory reports that this appears to be a five-grain tablet of calcium glycerophosphate. Since a bottle containing forty-two tablets sells at one dollar and this price is sixteen hundred per cent. greater than the cost of the calcium glycerophosphate contained therein, it is asked if this comes within the excess profit tax. The claims made for Bitro-Phosphate are those which were made for calcium glycerophosphate when it was erroneously supposed that organic phosphates were more readily assimilated than inorganic phosphates. Bitro-Phosphate is sold by the Arrow Chemical Company. E. S. Prather, the present owner of this company, has been interested, directly or indirectly, in a considerable number of questionable products and schemes (*Jour. A. M. A.*, Sept. 14, 1918, p. 921).

THE PATRIOTIC MEDICAL LEAGUE IN ITALY.—In a recent issue of the *Unione dei Medici Italiani per la Resistenza Nazionale* of Italy, the work of the A. M. A. Council on Pharmacy and Chemistry is described in detail. The description of the work of the Council is by Dr. V. Ronchetti, physician in chief of the Ospedale Maggiore of Milan. He refers to the work of the Council to show what is being done in the United States in this line, "in a truly, admirable, simple and practical manner," and compares this with the ineffectual control of pharmaceuticals in Italy. He holds that it should not be a difficult matter to coordinate certain departments in Italy's universities to form the nucleus for an *istituto di controllo* for medicinal products—an institution which would serve as a guarantee for the sick, as a guide for the manufacturing chemists in their production, and for physicians in their application of the products (*Jour. A. M. A.*, Sept. 14, 1918, p. 918).

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voice the consensus of these physicians and pharmacists who prefer to prescribe and dispense "S&D QUALITY PRODUCTS"

EATONIC.—If one believes the claims of the Eatonic Remedy Co., Chicago, "the Advanced Scientific Thought of the Medical World has been called on to produce Eatonic"! According to newspaper advertisements, Eatonic "instantly relieves heartburn, bloated, gassy feeling, stops acidity, food repeating, and stomach misery." From the analysis in the A. M. A. Chemical Laboratory, it appears that Eatonic comes in the form of tablets each containing approximately 5.5 grains calcium carbonate, 15 grains sugar, 3.25 grains charcoal, with peppermint and undetermined material. Eatonic will do nothing that cannot be done as well by a "sodamint tablet" (*Jour. A. M. A.*, Sept. 21, 1918, p. 993).

CAMPETRODIN AND CAMPETRODIN No. 2.—The A. M. A. Chemical Laboratory reported to the Council on Pharmacy and Chemistry that from the advertising of the A. H. Robins Company, Richmond, Va., it appeared that Campetrodin and Campetrodin No. 2 are claimed to contain elementary (free) iodine in an "oleaginous solvent," and that the second preparation contains twice as much iodine as the first. The laboratory's examination demonstrated, however, that there was but a trace of free iodine in the preparations; that practically all of the iodine appeared to be in combination with a fatty oil, and that the second did not contain twice as much iodine as the first. Having considered this report of the analysis and the claims made for the preparations, the Council declared Campetrodin and Campetrodin No. 2 inadmissible to New and Nonofficial Remedies because of false statements as to composition and therapeutic action (*Jour. A. M. A.*, Sept. 21, 1918, p. 993).

SUGAR TREATMENT OF TUBERCULOSIS.—Domenico Lo Monaco, professor of physiologic chemistry of the University of Rome, has studied the influence of the secretions of sugar parenterally introduced. He found that when persons with copious bronchial secretions are given subcutaneous injections of 4 or 5 gm. of sugar (saccharose), expectoration rapidly diminishes and ceases completely in many cases. It is claimed that an intramuscular injection of strong sugar solution is of considerable value in the treatment of the tuberculous in that by diminishing the bronchial secretion, it diminishes the cough and annoying night sweats. It is further suggested that the treatment will be useful in that it will decrease the amount of sputum scattered about by consumptives (*Jour. A. M. A.*, Sept. 28, 1918, p. 1083).

CARMINZYM NOT ADMITTED TO N. N. R.—The Council on Pharmacy and Chemistry reports that Carminzym (Fairchild Brothers and Foster) is declared to contain in each tablet approximately 32 mg. of an extract of pancreas, 50 mg. sodium bicarbonate, 172 mg. prepared chalk, 1.5 mg. powdered ipecac and "aromatics q. s." Without considering other possible conflicts with its rules, the Council held the preparation inadmissible to New and Nonofficial Remedies because it is an irrational mixture, the use of which is detrimental to therapy. The Council explains that the employment of mixtures of pancreatic extract, alkalis, ipecac and carminatives in fixed proportion leads to slipshod treatment and tends to make the practice of medicine mere guesswork (*Jour. A. M. A.*, Sept. 28, 1918, p. 1081).

DETERIORATION OF ARGYROL SOLUTIONS.—The manufacturers of argyrol advise that argyrol solutions be made freshly when required. The need for this precaution is confirmed by a report of work which indi-

cated that the gonococcal activity of an argyrol solution began to decrease a few days after it had been made and had decreased 75 per cent. after two months. (*Jour. A. M. A.*, Sept. 28, 1918, p. 1084).

INSTABILITY OF FLUIDEXTRACT OF ERGOT.—There is some difference of opinion among investigators as to the keeping quality of fluidextract of ergot. However, it is clear that it loses its activity quite rapidly and may become inert within a year (*Jour. A. M. A.*, Sept. 28, 1918, p. 1084).

THE ADMINISTRATION OF QUININ.—From a study of the elimination of quinine in different diseases, it appears that for optimal effects it is best in most cases to give quinine every three or four hours in approximately 0.25 gm. doses, preferably by mouth except when there are gastro-intestinal disturbances, and here subcutaneous or intramuscular injection is indicated. Needless to say, the daily 2 gm. should be exceeded in cases of pernicious and primary malaria. The intravenous method should be employed in pernicious cases (*Jour. A. M. A.*, Sept. 28, 1918, p. 1086).

BOOK REVIEWS

DISEASES OF THE MALE URETHRA. Including Impotence and Sterility. By Irvin S. Koll, B.S., M.D., F.A.C.S., Professor of Genito-Urinary Diseases, Post-Graduate Medical School and Hospital; Associate Genito-Urinary Surgeon, Michael Reese Hospital, Chicago. Illustrated. W. B. Saunders Company, Philadelphia and London.

In the 151 pages of this work on Diseases of the Male Urethra, the author has comprehended the present status of urethral pathology and therapy in a most interesting and helpful contribution.

It is profusely illustrated and seems to succeed in the presentation of clear, concise and comprehensive text on a subject about which much has been written. The majority of illustrations are original and many of them are colored. The latter are, some of them, too highly colored, although it is exceedingly difficult to get normal shade and natural appearance to an endoscopic picture. Some of the original illustrations which are not colored can hardly be regarded as very artistic, but in the main they convey the idea intended.

The chapter on Prophylaxis and Therapy in acute gonorrhea is of interest and value, as is also the one on Non-Gonorrheal Urethritis. It may be doubted, however, if the author's views accord with the experience of other specialists when he states that "60 per cent. of patients with gonorrheal urethritis, if seen within the first twenty-four hours after the discharge has begun, can be cured in from five to ten days."

The discussion of impotence and sterility is excellent, as is also the chapter on Verumontitis and Utriculitis.

The technic of edoscopy and the method of dealing with chronic conditions in the deep urethra shows in its presentation the evidence of being written by one who has had a large clinical experience and is giving expression to practical views thereon. The book as a whole is well written, and one of the best recent monographs on the subject discussed.

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ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.



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2d—J. B. Maple, Shelburn.....	December 31, 1918	8th—G. W. H. Kemper, Muncie.....	December 31, 1918
3d—Walter Leach, New Albany	December 31, 1919	9th—William R. Moffitt, Lafayette.....	December 31, 1919
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Shanklin, Hammond.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1918	11th—G. G. Eckhart, Marion.....	December 31, 1918
6th—O. J. Gronendyke, Newcastle.....	December 31, 1919	12th—E. E. Morgan, Fort Wayne.....	December 31, 1919
		13th—H. M. Miller, South Bend.....	December 31, 1920

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OF THE

INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

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ORIGINAL ARTICLES

EDUCATIONAL QUALIFICATIONS FOR PRACTICE OF MEDICINE

BURTON D. MYERS, A.M., M.D.

Secretary Indiana University School of Medicine, Bloomington

In a certain training camp recently a squad of men was being lined up for the first time. The officer in charge inquired: "Have any of you men been to college?" No one replied. "What! Have none of you men been to college?" A man in the line admitted that he had gotten as far as the second year. "Then step out here and take charge of this bunch," the officer replied.

In the great war in which we are engaged, the value of collegiate training is apparent as never before. The government has turned to the college men for training for leadership, for the officer element of our fighting force. The great industrial institutions have sent their representatives through the colleges, recruiting physicists, chemists, etc., for war work, so that many departments of our universities have had their graduate students, their senior students, and even third year students drawn away into war work, leaving only underclass men.

Of educational bodies, none was better prepared to assume the great, the unusual responsibilities thrust upon it, than the medical profession.

In the last fifteen years, standards of medical and premedical education have gradually been raised until the better medical schools of America, in entrance requirements and instructional facilities, are equal to the best in the world.

Furthermore, in preventive medicine, the development of the few years of the present century have been marvelous. In illustration of what I mean let me invite you to accompany

me to the third floor of the State House, Indianapolis. There in great glass-protected cases we see the flags carried by our men of '61-'65. In each instance there is a statement of the number of men in the unite under the flag, a notation of the number killed in battle, and the number that died of disease. In almost every instance the number that died of disease is twice as great as the number killed in battle.

So recently as the Boer War, and our Spanish-American War at the close of last century, the proportion of deaths from disease was practically the same as in '65.

The Japanese first gave a demonstration breaking all previous records for minimal losses from disease during mobilization.

Up to date in the present great war we have cut the record of the Japanese in half.

During the Boer War, in the English Army, one man in five was ill with typhoid fever. Counting the English Army today at 5,000,000 men, the same ratio, 1 in 5, would give a million cases of typhoid. In reality the number has been less than 6,000.

In the past, the acute infectious diseases have taken the great death toll in our armies. Typhoid, typhus, smallpox, venereal diseases have been much more deadly than the enemies' artillery. Today in our army, typhoid, typhus and smallpox have been almost eliminated, and the number of cases of venereal diseases in the army has been cut to half the percentage in a civil population.

The widest popular and official recognition has been accorded the medical profession for this tremendous lowering of the death rate from disease, with the resultant tremendous increase in the effectiveness of the allied military organization.

Even the efficient Boche has figured out that to kill a doctor is the equivalent of killing 500 soldiers.

It is facts of this character and results of

this character that the people of our country are interested in. And since the state of Indiana occupies a position of leadership in the establishment of the conditions which have produced these remarkably creditable results, let us review the essential features of the attitude of Indiana toward the problem of premedical and medical requirements for those who practice within her borders.

First of all it is apparent that Indiana is not interested in the matter of medical sects. But she is vitally interested in her doctors of medicine having fundamentally good educational qualifications. She asks that they be reasonably well educated men. She holds that the graduate of the high school has not acquired an adequate educational foundation on which to begin to build the great five-year course (four years in medical school, one year in hospital) in medicine, but asks that in addition to the completion of a high school course, the one desiring to prepare to assume the care for the lives of her people shall have completed successfully half of the amount of work required for graduation from a reputable college of liberal arts, surely a reasonable requirement. She wisely goes a bit further to specify that the two years of collegiate work must include courses in physics, chemistry and biology, sciences fundamental to the study of medicine.

Her first great, sane, reasonable requirement is that a man must be reasonably prepared to enter on the study of medicine.

European countries had long recognized the necessity of an adequate educational qualification for entering on the study of medicine. In America at the beginning of this century, there was only one school requiring a qualification for entrance equivalent to that of European countries. Johns Hopkins, the pioneer, established her advanced requirements, four years of college work, in 1893. Some of the best men of the country shook their heads and said, it was a magnificent effort but that it couldn't succeed.

The nineteenth century closed with Hopkins alone carrying the standard of higher entrance requirements among American medical colleges. In 1900 Harvard followed, Western Reserve in 1901 was the third to take a stand for adequate premedical training. In 1903 the Indiana University School of Medicine was established, the fourth medical school in America to demand two years or more of collegiate training for entrance on the study of medicine. Though this rank, fourth, was lost a few years

later by the necessity of dropping back to the high school basis for a few years during the period of reorganization and union of medical schools in Indiana, the spirit of Indiana is shown not only by this early stand for a proper premedical qualification, but by the fact that in 1908, in less than a year after the union of all the medical schools of the state, the former standard was reestablished by the vote of the united faculties, to go into effect in 1910.

This temporary abandonment of collegiate entrance requirement cost dearly, for by 1909 sixteen schools had established the two or more years of collegiate work as their minimal entrance requirement, and when, in 1910, Indiana again got back in line, she had to share the honors for 1910 with nine other schools who went on the higher entrance requirement basis that year. Today fifty-three medical schools require for entrance two years or more of collegiate work.

This temporary loss in one field was compensated for by a gain in another.

In 1905 medical educational affairs in America reached a crisis. We had in that year in the United States a total of 165 medical schools, almost one-half of all the medical schools in the world. The state of Indiana had a record of twenty-eight medical schools, five of which were in existence.

But revolutionary changes were taking place in medical teaching. In the last half of the preceding century a great French scientist, Pasteur, had exploded the centuries-old theory of spontaneous generation by the demonstration of minute bodies (micro-organisms or bacteria) in the air, in dust, everywhere. He proved them to be the cause of suppuration in wounds and of many dread diseases. An entirely new science, bacteriology, was developed and began to find its way into medical schools. Pathology had to be rewritten. Microscopes were no longer kept under glass as museum specimens, but became a part of the necessary equipment of the student. The two-year medical course was expanded to a three-year course, then to a four-year course. Extensive laboratories became necessary and with them increased instructional requirements. The literature of individual sciences became voluminous and the mere acquaintance with this literature became time consuming. A busy practitioner could not find time to keep up with this literature of one of the fundamental sciences and still give the long hours necessary to laboratory instruction in that subject.

The necessity arose for men to specialize in certain subjects and devote their entire time to the laboratory teaching of that subject. Demand for this type of instruction extended to all the basic medical sciences: anatomy, histology, physiology, chemistry, bacteriology and pathology. Full-time teachers and extensive and expensively equipped laboratories sent the cost of medical instruction soaring, and the consolidation of medical schools became necessary in order to provide adequate funds to give instruction in keeping with the conscientious ideals of the medical leaders.

But the burden grew until the maximum tuition fees met expenses inadequately and endowment or state support became necessary. This situation was keenly felt in Indiana. The high ideals of the medical teachers led them to make ever greater sacrifices of money and of time in an effort to keep abreast of the times in medicine. Endowments were not available, so state support seemed the necessary solution of the situation, and early in the century the State University was approached on the matter.

In the belief that union of the medical schools of the state under the leadership of the State University was imminent, Indiana University in 1903 added the department of anatomy to her long established courses in chemistry, physiology, histology and embryology, thus providing for the greater part of the work of the first two years of medicine and organizing the medical department authorized in her charter.

By 1908 the consolidation of all the medical schools of the state with the Indiana University School of Medicine was complete and Indiana held the proud distinction of being a pioneer in the great wave of consolidation which swept over the country, resulting in a reduction of the total number of medical schools from 165 in 1905 to about 90 today. This fine action on the part of Indiana was recognized in the Carnegie report on Medical Education in the following words: "When Indiana puts into effect the plans she has in view, she will be one of the few states of the Union to have solved the problem of medical education."

So the loss of the fourth place in order of establishment of proper premedical requirements by the State University is richly compensated for by the proud distinction of the state in the solution of so difficult a problem. The member suffered that the whole body might profit.

Priority in the recognition of the importance

of safeguarding the health and lives of the people of a state, by excluding from licensure examinations those whose premedical collegiate preparation has been lacking or inadequate, rests distinctly with the middle west.

In 1912 laws previously enacted in Minnesota and North Dakota went into effect, providing that applicants for the medical licensure examinations in those states must present credentials showing that the candidate had successfully completed the work of two years in an accredited literary college, prior to entering on the study of medicine. Colorado followed in 1914 and Indiana in 1915, sharing fourth place with Iowa and South Dakota. At this writing twenty-five states of the Union have adopted the two years premedical collegiate requirement for entrance on the study of medicine. Twelve additional states have committed themselves to the requirement of one year of collegiate work in addition to a four-year high school course as a preliminary to entrance on the study of medicine and eligibility to licensure examination.

In common with other states, Indiana requires not only that premedical education shall be satisfactory, but that the medical school where the degree is secured must be a creditable, acceptable school. In exercise of this right, graduates of nearly all of the C grade schools are excluded from the Indiana licensure examination.

In June, 1918, in Chicago, a great conference on medical education was called by the Surgeon-General of the U. S. A. At this conference representative of seventy-one of the ninety medical schools of America were present. Many important questions were discussed by distinguished speakers. Among these, the question of lowering requirements for entrance on the study of medicine during the war was raised by but one school. With this exception, the sentiment was unanimously in favor of maintaining entrance requirements as they now are officially established for the majority of states and schools, viz., two years of collegiate work in addition to the four-year high school course. Briefly stated, the basis for this judgment was the insistence of the Surgeon-General's office that the highest type of doctor is needed for the boys in France and for the civil population at home as well. This viewpoint in turn was arrived at as a result of the necessity of dismissing about 1,500 illy trained doctors from service.

Permit me now briefly to summarize:

1. Two years of collegiate work in addition to the completion of a four-year high school course has come in the last fifteen years to be considered by fifty-three medical schools as the minimum requirement for entrance on the study of medicine.

2. Thirty-seven states have adopted requirements of preliminary education in addition to the standard high school course for entrance on the study of medicine and for eligibility to the licensure examination. In twenty-five states the requirement is two years of collegiate work. The twelve states now requiring one year of collegiate work will no doubt advance to the two-year requirement at an early date.

3. This entrance requirement corresponds to that required in allied nations and in the central powers.

4. The opinion of the highest military medical authority, the office of the Surgeon-General, and the judgment of representatives of the great majority of medical schools is vigorously expressed as against lowering entrance requirements as a military necessity.

The war is a war of peoples. Men fight not only in France, but here in America. Every man must be effectively engaged in some essential war work. The health of the civil population is second only to the health of the men in the fighting line.

Indiana occupies a proud position of leadership in this great matter of establishing essential premedical and medical qualifications of the men who are to safeguard the lives of her people. She does not ask what medical sect he may adhere to. She merely asks: "Did you have the development acquired in two years of collegiate work including training in essential sciences as a preparation for beginning the study of medicine? Did you study medicine in a school adequately manned and equipped? Did you do the dissections in anatomy recognized the world over as essential to an understanding of the structure of that marvelous and complex mechanism, the human body? Have you taken didactic and laboratory courses in physiology, histology, chemistry, bacteriology and pathology in a school or schools which inspection has shown to be properly equipped and properly manned with full time salaried teachers?"

If the answer is yes, the candidate for licensure is eligible under the law to the state medical licensure examination regardless of sect.

If, on the contrary, the preliminary education is inadequate or lacking, or the medical training gotten in a school which inspection has shown to be inadequately manned and equipped; if the instruction has been entirely or largely textbook instruction instead of being supplemented largely by laboratory work, then the candidate for the privilege of having the sacred lives of the people of the state of Indiana intrusted to him is ineligible to the state medical licensure examination, REGARDLESS OF SECT.

Indiana is not interested in medical sects, but she is vitally interested in having well trained men as her doctors. Her record is a proud one, and a record to be unfalteringly preserved.

Attention should be especially directed to the courage and vision of the Indiana State Board of medical Registration and Examination in adopting the present creditable requirements for licensure to practice medicine in this state.

The regulations of this board makes the practice of medicine open to all on the same basis. They insist that each candidate for the licensure examination must present evidence of adequate premedical and medical training. They insist there is no homeopathic anatomy or chemistry, no eclectic pathology or osteopathic physiology. These sciences present the same facts and conclusions for all, so the board insists all must take the same examination in the facts of these fundamental medical sciences. At the same time provision has been made for examination in the widest range of therapeutic views with perfect freedom to follow in practice whatever therapeutic convictions the individual may entertain.

FISTULA IN ANO *

C. F. FLEMING
ELKHART, IND.

My reason for selection of the subject "Fistula in Ano" is that it has always seemed to me there was abundant opportunity among the men that one meets in general practice for improvement in the understanding of the pathology and treatment of this condition. The subject is generally considered as one of not very great importance, or else the doctor looks on the subject in the light that if one has a fistula, the thing to do is to cut it.

* Read before the Indiana State Medical Association at Indianapolis, September, 1918.

It is very difficult to find new material and it is very difficult to find any textbook that gives a short, comprehensive statement of the condition. It is with the idea of laying emphasis on a few well known facts that this paper is written.

First in regard to the anatomy of this region:

The ischio-rectal fossa is the location where the abscess or early evidence of fistula occurs, and is a region which contains no important anatomical structures to interfere with a free opening and early drainage of ischio-rectal abscesses. In draining these abscesses one should if possible demonstrate the opening into the rectum, and in this way make certain that he has not left pockets unopened, thus eliminating cause for future trouble.

As one introduces his finger into the rectum he comes on the folds of mucous membrane running parallel with the bowel and in between these columns he finds a small crypt. These are the so-called columns of Morgagni and these crypts are the favorite locations for fistulae. As one comes lower the finger can determine the empty space between the internal and external sphincter muscles.

The internal sphincter varies in width from above downward from $\frac{2}{3}$ to $2\frac{1}{2}$ inches, is an involuntary muscle and it best not be cut in operations on the rectum unless one wishes to take a chance on incontinence. Lynch is the only one I saw make this statement which seems to me a very important one. It is much wiser not to mutilate the external sphincter but rather cut it squarely across if need be, once. In those cases where abscesses have destroyed the supporting framework, it is better to preserve the external sphincter.

The definition of fistula carries with it an idea of an unnatural channel, chronic in character, above the anus or rectum. The classification of these fistulae is not of such great interest. It may or may not be complete. It may or may not be above or below Hilton's line. It may or may not connect with other organs. Fistulae occur in one-third the number of rectal cases. The relation of tuberculosis and syphilis in the causation of fistula is not settled. No doubt tuberculosis plays some part, and no doubt the tubercle bacilli can be the cause primarily of a fistula. This, however, happens very rarely. In the majority of cases of tubercular fistulae the fistula occurs in the tuberculous. Tuttle makes the statement that 50 per cent. of the cases of fistula which he saw either had at the

time, or later developed, tuberculosis. Running through the literature, the general opinion seems to be that 10 per cent. of fistulae are tuberculous.

One point that has always been of interest to me is, why do not these fistulae heal? Twenty-five to 40 per cent. operated on are failures, and why is this so? In some of these cases it is impossible to find the internal opening. This should not happen often. The infection in these cases undoubtedly takes place along the lymph tract. When the abscess drains, as it does periodically, the lymph canal is free to reinfect the cavity and keep it from healing; even though you are unable to find an opening into the bowel. In some cases, suppuration takes place along this tract and an opening into the bowel takes place later.

DIAGNOSIS

When these cases of fistula come to us the diagnosis has usually been made. We are interested to know, first, of how long standing is the fistula? This we can get from the history, and can judge somewhat from the amount of induration. Those that have existed for a long time usually have an induration about the tract. We are concerned to know whether the tract leads into the bowel or whether it leads to a diseased bone in the pelvis or to a tuberculous hip or to the urethra. In other words, whether it is a simple or a complicated affair. Here roentgen ray helps. On introducing the finger into the rectum it is possible usually to feel the little elevation or depression marking the opening into the bowel. This may, however, be so small that it is impossible to find. It is much easier to feel this than it is to see it. The favorite location for the opening is in the posterior commissure at the base of one of these crypts of Morgagni. This opening* may be under the skin below Hilton's line, or it may be higher up in the rectum.

It is of some help to remember that in a large percentage of cases the fistula which develops anterior to a line drawn transversely through the rectum, from one tuber-ischid to the other, has an internal opening at the base of one of the crypts, opposite the external opening. Those cases pointing posterior to this transverse line very often open in the posterior commissure.

The next point in regard to diagnosis in which we are interested, is whether or not this fistula is tuberculous. The characteristics of a tuberculous fistula are the following: The finding

of tuberculosis elsewhere in the body; either an irregular ulcerated opening externally, or else an opening showing tubercles; and the final test the finding of tubercle bacilli in the scrapings from the fistula.

When one sees a fistula with multiple openings it is well to think of syphilis. Syphilis as a cause for fistula is at least very uncommon, however the fact remains that some of the so-called simple fistulae do not heal until the patient is placed on antisiphilitic treatment, when they promptly heal.

The prognosis depends more on the location of the internal opening into the bowel than it does on anything else. This internal opening is sometimes very difficult to locate. Sometimes it is already closed, and while it is able to re-infect the tissues about the rectum it is not open to the passage of a probe and will not allow a colored solution, such as methylene blue, to be injected into the rectum from the outside opening. It seems worth while to emphasize once more that this opening is usually at the base of one of the crypts in the region between the internal and external sphincter. This is the region where the union between the epiblast and hypoblast in the development of the rectum takes place. That is offered by some men as an explanation for the reason of the opening being at this place. An Englishman by the name of Avon argues that the opening is always in this location, and where there is an opening higher up or lower down in the rectum, that it occurs by burrowing under the mucous membrane from this point originally.

When you find the internal opening and treat it according to the regulation rules, and it does not heal, it means either that you have not found all of the connection with the rectum, or that this fistula is either tuberculous or syphilitic. In regard to the treatment of these cases everyone emphasizes the importance of careful handling of ischio-rectal abscesses. These should be opened early, opened completely, and kept open until they have had an opportunity to drain and heal from below. A transverse cut in the original incision in opening these abscesses will help keep them open. Whether or not they are simply incised, or whether they are dissected out completely depends on the condition present. Those that are superficial and do not involve deeper tissues will usually heal with less damage to the sphincter by simply incising them. These are simple. Those that involve a tract leading up to the region below

the levator ani muscle would best be treated in the following manner: Wash them out with 50 per cent. silver nitrate once every two weeks, if the time allows until the abscess is largely cleared up. A certain percentage of these cases of fistula will heal under this treatment. Then make a circular incision in front of the coccyx cutting the portion of the external sphincter that anchors to the coccyx and lift the rectum forward. If your fistulous tract is injected from the external opening with methylene blue you will have no difficulty in dissecting it out, taking care not to damage the external sphincter in this dissection. If the opening in the bowel is in the usual place there is no harm in splitting the external sphincter. If the opening is in the portion of the bowel covered by the internal sphincter, it would best be buttonholed out and the bowel wall repaired immediately, taking care not to cut any more of the internal sphincter than is absolutely necessary. Then the external wound can be drawn together loosely with sutures, but these cases do well to be left open to fill in from below. You can usually tell inside of a few days whether or not your operation is going to be successful. The successful cases stop discharging and healing takes place rapidly. Where you are not successful you usually get a pussy discharge beginning about the fourth or fifth day, and this almost invariably means that your opening into the bowel has not been handled perfectly.

In conclusion, I wish to emphasize the following points:

1. A careful and free opening of ischio-rectal abscesses will prevent many fistulae.
2. It is well to cut as few fibers of the external sphincter as possible. When cut it should be a single transverse cut and not a dissection destroying muscle substance.
3. The most important part of the diagnosis is the demonstration of the internal opening.
4. Those fistulae with a straight tract do well by simply incising and allowing to heal.
5. Those burrowing fistulae would best be dissected out by some method that avoids destruction of sphincter muscles.

DISCUSSION

DR. C. C. TERRY, South Bend: I think the question of rectal fistula is much more important than we are led to believe by the results that we get. Tuttle, in a report of 2,192 cases, has less than 45 per cent. of cures. It is true

that we have very few competent proctologists throughout the country, and the average town of forty or fifty thousand people does not have anyone that pays any particular attention to this line of work and as a result the rectal fistula cases come to the man doing general surgery. I think the results as reported by Tuttle are true with the average general surgeon. I do not think our results are as good in this line of work as in other lines of surgery, and I do not think it is due to any lack of technic, but rather to incorrect diagnosis. One-fourth of all the rectal cases that come to us are cases of rectal fistula. With the averaging man doing any rectal work at all, the only thing he takes into consideration is hemorrhoids, rectal fissure, or rectal fistula, when as a matter of fact these results that are reported as unsatisfactory are not cases of true rectal fistula. Two or three times I have fallen down due to the fact that I had not conducted my examination far enough and was not thorough enough. Our examinations that we make in the rectum itself are certainly very superficial and unsatisfactory, and until we make these more thorough we cannot hope to have better results than we are having now.

The fact that we have fistula resulting from the ureter and tubes, a tuberculous condition, a necrosis of the pelvic bone, oftentimes misleads us, and we can never hope to get any results by dealing with them as rectal fistulae.

Another thing that is important in getting results and saving the patient a good deal of time, is that we do not operate these cases early enough. Usually the diagnosis is made by the patient. They come in and state they have a fistula, they have talked to their friends about it and they know they have a fistula, and we take it as a matter of fact that it is a simple fistula and simply incise it. If we would make the examination thorough we could determine this, and if it is a simple fistula and we get it early, a simple incision would relieve it. It does not mean that they must be laid up for any considerable length of time, as in other types of fistula, say the horseshoe type, and it will save the patient time and disability. If these things are done early many of them can be done under local anesthesia. The operation consists of nothing more than a simple incision with a small drain, and it is a mistake in these cases to leave the drain in too long, because if the tube is left in you will have drainage as long as the tube is in. In those cases that are

operated early forty-eight hours of drainage is all that is necessary.

We must not forget other conditions that occur with fistula, especially tuberculosis. Dr. Fleming mentioned that. As a matter of fact, 10 to 14 per cent. of all the fistula cases are tuberculous; 5 per cent. of all cases of active pulmonary tuberculosis have fistula.

Another thing we may expect, as I have found to my sorrow, is malignancy in these cases. Quite a percentage of these cases are malignant, and we should in all cases, especially if there is any suspicion at all, curette the fistula and send it to the pathologist and find out what it is. Recently I operated a case that had been operated before by another man who had simply incised and drained; but the tissue looked so badly to me that I had some of it sent to the pathologist, and he reported back malignancy.

ACCORDING to an article on the nature of war nervousness in soldiers in "War Medicine," published by the American Red Cross, the term "shell shock" is a misnomer and should be abolished, and the simple word "nervousness" substituted. "Under the head of shell shock," says the author, "have been massed cases of amnesia, anergic stupor, sleeplessness, nightmare, mutism, functional blindness, tremors, palsies, and further anxiety neuroses, occurring not only under fighting strain, but in individuals who failing in self-confidence, suffer doubts and apprehensions while still waiting for transport overseas. The term "shell shock" founded on false premises has served not only to suggest an incorrect etiology, but by its pitiful and romantic sound, has tended to perpetuate symptoms and to excite no determination in the mind of the sufferer to recover his control, or, in the fighting man, still endure. So far is it from making an appeal to conscience or to discipline, that it stifles both, and stultifies effort towards cure. The name is a mistake, we must be rid of it. Let us have instead a true term which will be neither a compromise nor a technicality unintelligible to the mind of the soldier. The simple word "nervousness" comprises all the neurotic manifestations seen in war. It furnishes an appeal to the sense of discipline in the armies, and further promotes the growth of a public opinion, both military and civil, which would be of the greatest prophylactic and therapeutic power.

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EDITORIALS

INFLUENZA VACCINES

Not a few doctors are using vaccines and serums in the treatment of epidemic influenza, and as a natural consequence the biologic laboratories are reaping a rich harvest. However, the medical profession should not be led astray through the extravagant recommendations of biologic laboratories nor the recommendations of those physicians who are ever ready to commend without a very thorough or satisfactory analysis of the cause and course of disease and modification of it through the action of biologic remedies. Some doctors are enthusiasts for every new form of treatment, and are especially active in their recommendation of serum and vaccine treatment; while others—more analytical by nature—are forced by observation and results to be more conservative. The *Journal of the A. M. A.* is authority for a statement, based upon investigations by the health authorities of Massachusetts, that there is little evidence to show that any of the influenza vaccines have been very efficacious in checking, much less in curing, the influenza which at present is raging throughout the United States in epidemic form. There is, however, ground to believe that the investigation now being carried on by some of our prominent clinicians, assisted by competent serologists, will result in the making of a vaccine that may prove of value in the treatment of the disease; but any recommendations that come from that source will not be based upon results secured through empirical means, or a sort of hit and miss vaccine therapy, but will have a scientific basis. At present, vaccine treatment, and especially by means of the stock vaccines, of which the market is glutted, is purely experimental.

PATRIOTISM VERSUS SELFISHNESS

Never in the history of the United States have salaries and wages been what they are now. Think of puddlers getting thirty and thirty-five dollars a day for eight hours' work, when before the war they thought they were getting big wages when they received eight and nine dollars per day. There is evidence to show that some laborers, working on government contracts, who never before in their lives earned to exceed four or five dollars per day, have been asking that their present wages of sixteen and eighteen dollars per day be increased to twenty-two and twenty-four dollars per day, and threatening to strike if they do not get it. Very naturally we are of the opinion that some laboring men are not very patriotic in these strenuous times when they threaten to strike if ridiculously high wages are not paid for war work. Our boys in the trenches in Europe are not striking because they do not get more than thirty dollars per month, or less than they ever earned before, and they are not asking for an eight-hour day, but are willing to work twenty-four to thirty-six hours at a stretch if necessary in order to hold the treacherous Hun in check or defeat him altogether. We believe that the unpatriotic laboring men of America who are striking for shorter hours and absurdly high wages, because they are doing emergency government work and think they really can get what they demand, should be backed up against brick walls and shot as traitors to the country. We also believe that profiteers of every description deserve a similar fate. It is not expected that pre-war prices will prevail, for conditions are entirely changed, and the law of supply and demand has much to do with price fixing, but there is a legitimate limit to the advances in price to which the merchant or the laboring man is entitled in payment for merchandise or labor.

Incidentally, you do not hear that medical men have raised their rates, and we doubt if there is one medical man in five thousand who is getting any more for his services now than he did before the war, and yet he is entitled to more in view of the increase in the cost of everything which goes into his living or into his professional work. On the other hand, isn't the attitude of the medical profession in adhering to pre-war fees deserving of the highest commendation? Whether considered as such or not, it is a patriotic attitude; and coupled with this is the self-sacrificing service that thousands

of doctors are making in leaving comfortable incomes and going to the front to minister to the needs of our soldier boys. The profiteer may get rich out of the war, and the laboring man may also profit and prove himself a traitor to the country by refusing his services except under promise of the most unreasonable concessions as to hours of labor and wages to be received, but the soldier and doctor, whether at home or at the front, are willing to make sacrifices, and do not think of pecuniary profit in times of national adversity. Furthermore, the waving of the Stars and Stripes and the loud pseudo-patriotic utterances by some of our countrymen are nothing more than camouflage to cover up a sordid and despicable practice of profiting at the expense of those who are sacrificing. Truly there is something wrong when there is no way of correcting the selfishness, the greed and the lack of patriotism that exist in not a few of our people.

NECESSITY FOR PROMPT PAYMENT OF DUES

We desire to remind the members of our association that perhaps never before has it been more necessary to pay the dues of the association promptly. The dues for 1919 are payable now, and it is hoped that by January 1 all, or nearly all, of the members of the association will have made their payments to their respective county medical society secretaries, and in turn the secretaries will have remitted to the association office. Aside from the fact that dues become delinquent on February 1 of each year, there is a further reason for the prompt payment of dues, arising from the postal regulations, which now prohibit the sending of any newspaper or periodical to any person whose subscription for such newspaper or periodical has not been paid in advance. We hope, therefore, that members will assist in preventing the enormous amount of clerical work that will result in consequence of delay in the prompt payment of dues, with the attending necessity of striking delinquents from the mailing list, and perhaps later being put to the additional trouble of restoring the name after a delayed payment of dues. There really is no good excuse for failure to pay dues promptly, and we hope that the members of our association will appreciate to the fullest extent the reasons for giving this matter the attention that it deserves.

SCIENTIFIC PROGRESS RESULTING FROM THE WAR

The war has been responsible for many advances in medical science, though much that has been discovered will not receive publicity until later. The government very wisely has given opportunity, during war times, for research work that under ordinary circumstances could not have been carried on without enormous expense and without opportunities which only war times could afford. At present no one connected with the government service is permitted to publish or make public in any way knowledge secured while doing government work, without first receiving the approval from the War Department. It is hoped, however, that at the conclusion of the war our medical men who have been engaged in military service will be permitted to publish the results of their observations and investigations. As medical men we should appreciate the opportunity that has been given and for the advances that certainly have taken place, and many a physician—some with rather hazy ideas as to what constitutes present-day practice—have been given, or, perhaps, had forced on him, the opportunity to secure a postgraduate education that otherwise he never would have had. It is barely possible that what has begun as a war measure may be continued in a modified form in times of peace. In fact, it is possible that our government in the future will furnish greater assistance in the development of the arts and sciences than ever before, thus making it possible for an advancement that perhaps would not be possible under individual and unaided effort. We look for more government schools, hospitals, laboratories, and the patronage necessary to carry on the highest type of research work; and it only remains to divorce such activities from politics and from the influence and control of fanatics to make them of far-reaching beneficial effect to humanity and a worthy aid to scientific progress.

SPANISH INFLUENZA AND EPIDEMIC PNEUMONIA

In the future we will look back on this epidemic of influenza and pneumonia with wonder and surprise. In spite of our vaunted advancement in medicine we have utterly failed in the present crisis. This epidemic is going to continue until every susceptible person has been infected, just as if there were no physicians.

The cause of the present failure of the medical profession is its ignorance of preventive

medicine. Our medical schools have taught diagnosis and treatment, but not prevention of disease.

The etiologic factors of influenza, pneumonia, poliomyelitis, epidemic meningitis, scarlet fever, measles, smallpox, chickenpox, mumps, whooping cough and tuberculosis are contained in the secretions of the nose, throat and mouth. The causative organisms are spread from the sick to the well by droplet infection. When one sneezes, coughs or talks loud a fine spray of mucus is thrown from the nose and mouth. This fine spray consists of globules or bubbles of mucus containing large numbers of mouth, nose and throat bacteria. This fine spray usually floats 2 or 3 feet from the source and rapidly settles to the ground. Any person coming within a radius of 4 or 5 feet of the source breathes in this fine spray containing bacteria laden mucus. These bacteria are in the very best condition for rapid growth. In making cultures from the nose and throat a little bit of mucus on the swab insures growth of the bacteria on the proper medium. This is particularly true of pneumococci, streptococci and influenza bacilli.

During the present war a most unexpected development is the use of gas masks. At first soldiers objected seriously to their use, offering all kinds of excuses for not putting them on. However, when they saw the absolute safety of the soldier during a gas attack they soon forgot their objections.

Now the solution of the problem of the prevention of the diseases transmitted by droplet infection is the proper method of masking the nose and throat of the sick, carriers and susceptibles.

There are several things that are necessary for solving this problem:

1. A mask impervious to bacteria, yet allowing the air to pass freely in and out of the mask.
2. A comfortable fitting mask.
3. A decent looking mask.
4. A properly made mask so that it will always be put on right side out.

Present causes of failure of masks to prevent infection:

1. Failure to mask patients. This allows cross infection from one patient to another. The masked nurses get infectious materials on their hands and gowns, thus carrying infection from one patient to another. Nurses off duty with their masks off readily carry infectious material from their hands to their mouths and indirectly from their clothes by way of their hands to their mouths.

2. Failure of physicians to wear masks.

3. Failure to have every person with the slightest evidence of respiratory infection to wear a mask.

During the epidemic of pneumonia last year the barracks were filled with soldiers standing about the stoves coughing and sneezing. In some barracks the noise was so great that it was impossible to hear ordinary conversation. The air of the barracks was thus saturated with virulent nose and throat organisms.

The whole solution then to the problem of the prevention of disease transmitted by way of the respiratory tract is proper technic of the face mask.

No vaccine will prevent the present epidemic of streptococcic pneumonia for the streptococcic group of bacteria change their offensive and defensive powers so rapidly that a vaccine prepared today against the predominating organisms will be powerless against the predominating organisms tomorrow.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Wherever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

PAY your medical society dues now! Don't be a slacker!

OUR county medical societies are greatly hampered in their scientific work by the absence of so many members who are in military service. However, county medical societies should make an endeavor to hold regular meetings and make up in enthusiasm and work for the limitation in attendance.

THE influenza epidemic has brought forth some startling advertising in connection with the exploiting of proprietary medicines. It is a little amusing to note that some "renowned

specialists in the treatment of lung diseases, and having a wide experience," is recommending a well-known proprietary medicine for the treatment or cure of influenza. A little investigation shows that the "renowned specialist" resides in a little town of but a few hundred inhabitants, and that he never graduated in medicine, but is permitted to practice because he antedated laws pertaining to medical licensure.

It is generally conceded that if the allies make peace before we have beaten the German army we shall lose the war, and Germany will organize in the East in her own way and dominate Europe in the next generation. All that has been sacrificed will have been sacrificed in vain if the German army is able to escape decisive defeat, and it has not been decisively defeated. As has been stated by one of the prominent war statisticians, the war should not end while the German army retains its consciousness of strength and the prestige of past victories unshaken by any ultimate defeat. Peace without victory means defeat not without dishonor.

PROHIBITION means the loss of a tremendous income for the government which must be made up by other forms of taxation. In the new scheme of taxation, necessities are hit hard, but most luxuries come in for taxation that almost wipes them out of existence. If a man wears silk stockings or pays more than \$3 for his shirt, or a woman finds she cannot be happy unless she has a hat worth over \$15, or a dress costing over \$40, they must pay penalty to the government for their fastidiousness. Jewelry and all other luxuries not included in the list of necessities will be hit hard enough by taxation to make the average person cut them out altogether.

AGAIN we desire to remind the readers of THE JOURNAL that we make every possible effort to keep our mailing list up to date, but in spite of all that we can do there are some who will fail to receive their journals regularly, either in consequence of miscarriage in the mails or change in address of which we have not been notified. Doctors who are in military service have suffered most, for sometimes we no more than get a new address on our mailing list than we are notified of a change, and in consequence one or more numbers of THE JOURNAL go astray. We especially ask that all those who are entitled to THE JOURNAL, and fail to re-

ceive it regularly, shall write us with specific information concerning address and a request for such numbers of THE JOURNAL as have been missed.

WE are publishing a list of the Indiana physicians who have enlisted for military service. At our request the list has been furnished by the office of the Surgeon-General in Washington, and naturally one would consider that the list would be accurate, and yet, despite considerable work on it in THE JOURNAL office, it probably contains many inaccuracies. However, as a well-known officer in the Surgeon-General's Office writes us, if we take into account the fact that the medical corps has increased from 400 medical officers on April 18, 1917, to approximately 30,000 on Nov. 1, 1918, it will be seen that it has been practically impossible for the Surgeon-General's Office to keep the records checked up with the expansion, to say nothing of going back to correct previous mistakes.

THE practice of medicine is not without its dangers, as evidenced in the death notices in this issue of THE JOURNAL. The number of deaths recorder is twenty-eight, and of these, eighteen are definitely known to have been due to influenza or pneumonia. These obituaries are records of sacrifice to duty. A layman may, if he desires, keep from exposing himself to any infection; but the physician must go when called without thought of consequences to himself. However, as we consider the list, we wonder whether or not some of these deaths might have been prevented by adopting some of the simple precautionary methods that have been suggested, such as the wearing of the face mask. It is one thing for a physician to give advice and caution to others, but another thing to govern his own actions by such advice.

IN estimating the percentage of Indiana doctors who have volunteered for military service it should be remembered that the American Medical Association Directory, usually taken as a guide in estimating the number of physicians in the state, lists many doctors long ago retired from active practice, many who once practiced medicine or were licensed to practice medicine but who are now engaged in other occupations, and not a few who are dead, and some times have been dead for years. What is true in Indiana probably is true in other states, though there is a chance for a difference in the percentage. Major Eastman, president of the Indiana State Medical Association, says that 50 per

cent. of all the able-bodied physicians in Indiana have enlisted for military service, and enlistments are still going forward at the rate of 150 to 200 per month. It is very evident that Indiana is doing its full duty.

How hospitals can help carry out the appeal of Surgeon-General Rupert Blue of the United States Public Health Service in fighting the influenza epidemic, is a timely subject to which *The Modern Hospital* for October gives editorial comment. In the first place, hospitals should release every possible nurse from private duty and discourage any attempt to pamper certain invalids to the neglect and detriment of the public, which is suffering from real danger. Secondly, none but the most urgent operations should be performed, because the patient incurs additional risk in undergoing anesthesia when his system is already undermined by infection and because every operation increases the need for private nursing. And thirdly, it is the duty of every hospital to employ and to train nurses' aids. As a patriotic measure, Dr. J. O. Cobb, senior surgeon, United States Public Health Service, in charge of the division of Illinois and Indiana, has called on the public press to ask women to help in this emergency.

THE surtaxes on individual incomes have been very heavily increased as will be seen from the following table showing the amounts paid this year on various sample incomes and the taxes on the same incomes for next year:

Income	Tax Under	
	Existing Law	Proposed Bill
\$ 2,500	\$ 10	\$ 30
3,000	20	60
4,000	40	120
5,000	80	180
6,000	130	260
7,000	180	400
8,000	235	545
9,000	295	695
10,000	355	845
15,000	730	1,795
20,000	1,180	2,895
25,000	1,780	4,245
30,000	2,380	5,595
40,000	3,580	8,795
50,000	5,180	12,495
60,000	6,780	16,895
70,000	8,880	21,895
80,000	10,980	27,295
100,000	16,180	39,095
150,000	31,680	70,095
200,000	49,180	101,095
300,000	92,680	165,095
500,000	192,680	297,095
1,000,000	475,180	647,095
5,000,000	3,140,180	3,527,095

Not many doctors have incomes that will be seriously affected by the increased taxes, but those who are affected will pay the tax with little complaint.

PATENT and proprietary medicine manufacturers are taking advantage of the influenza epidemic to advertise their wares extensively in the secular press, usually with glowing accounts as to the value of their products in the treatment of influenza. No doubt this advertising will pay, as many people will believe in the spurious claims put forth by the venal proprietary medicine manufacturers. It would be far better for the people to pay attention to the recommendations that have been sent out by the government agencies and by the various health boards of the country; but, of course, real reliable information is not what a considerable portion of the public desires or will accept, for, as Barnum is reputed to have said, "the American public likes to be humbugged," and it is the credulity of the public that fattens the pocketbooks of the proprietary medicine manufacturers who are able to sell their preparations because of the extravagant claims put forth. What a pity it is that more of our editors and managers of lay publications are not imbued with the spirit which causes them to protect their readers from fraud and imposition! Without advertising the proprietary medicine business would die a natural death.

T. B. KIDNER, Vocational Secretary of the Invalided Soldiers' Commission of Canada, tells in *The Modern Hospital* for November, the steps taken by his country in the important work of reconstruction of returned disabled soldiers. Beginning with improvised and altered structures for tendering hospital service to disabled soldiers, Canada later devised and erected special types of buildings at various points throughout the country, which, although of substantial type, are not permanent in their nature. After a time, steps were taken to provide for the replacement in civil employment of men who had been discharged, after their rehabilitation was complete, and early in 1916 vocational re-education was undertaken. Simple workshops were established, followed later by a wide variety of opportunities which enabled every man, under proper hospital supervision, to undertake some form of activity, mental or physical, which would be helpful to him. Public, semipublic, and private agencies have all cooperated in the great problem of the reabsorption of the disabled men into civil life, and Canada's unusual success in this work of greatest importance is well worth the attention and study of America today.

THE Treasury Department in congratulating the people of the United States for their loyal and liberal response to the Fourth Liberty Loan, also calls attention to the fact that next to the imperative duty of American citizens to support the Liberty loan is their duty to *hold* their Liberty bonds. It is not full service to the country to purchase Liberty bonds and then throw them upon the market, thus putting upon others the real burden of financing the war. Then too, every man, woman and child in America who subscribed for Fourth Liberty bonds on a deferred payment plan is in honor bound to live up to the terms of the subscription pledge. Nothing but "dire necessity," in the words of Secretary McAdoo, can possibly excuse "quitting" and failure to carry through the plan. Make all payments, receive the Liberty bonds and hold them fast until the government repays the principal. A Liberty bond holder is a bond holder of the United States, and it is a poor exchange to trade a Liberty bond for stock in an oil company or other business venture of doubtful value. A Liberty bond is the safest investment in the world.

LAST week the deaths of 81 physicians were recorded, occupying three pages. This week the deaths of 174 physicians are recorded, occupying five pages. The total number of deaths recorded in these two issues is 255, and of these 154 are definitely known to have been due to influenza or pneumonia; undoubtedly in the majority of instances in which the cause is not given, it was influenza. These obituaries are records of sacrifice to duty. A layman may, if he desires, keep from exposing himself to any infection; but the physician must go when called without thought of consequences to himself. However, as one considers the list one wonders whether or not some of these deaths might have been prevented by adopting some of the simple precautionary methods that have been suggested, such as the wearing of the face mask. This thought arose when we received a letter from a physician who, in sending in the names of two physicians who had died, said: "Dr. A. visited at the Great Lakes Naval Training Station an old patient who had influenza. Two days after his return home, Dr. A. came down with the disease. Dr. B. was called to see Dr. A. and examined his throat, Dr. A. coughing in his face. Two days later Dr. B. had the typical manifestations of the disease." It is proverbial that physicians, like preachers, give advice

which they themselves do not consistently follow. It is a wise doctor who knows his own danger.—*Jour. A. M. A.*, Nov. 2, 1918.

THE present epidemic, as was to be expected, has given rise to the publication in the newspapers of all kinds of "sure cures." Their number is legion, and they vary in character from those with a semiscientific basis to others with no basis whatever. Some could be classed under the term ridiculous. Many persons recommend certain methods of treatment from purely altruistic motives, others for financial gain. Almost all of the proponents of alleged specific methods are bombastically enthusiastic. Hyper-enthusiasm applied to moral or esthetic ideals is a praiseworthy emotion, but as related to medical science is usually a delusion and a snare. The research worker should view his results with a cold, dispassionate conservatism, before considering publication with resultant harm to himself and the public. Many of the alleged cures and remedies now being recommended probably will do more harm than good. The United States Public Health Service, having been besieged with inquiries regarding this and that method of treatment, has issued a special bulletin in which it is emphasized that there is no specific cure for influenza yet known and that the chief reliance must be placed on good hygiene, good nursing and symptomatic treatment.—*Jour. A. M. A.*, Nov. 2, 1918.

INFLUENZA, with pneumonia as its accompaniment in so many cases, has taken a terrible toll of lives in practically every section of the United States. As might be expected, some communities, figuratively speaking, "locked the barn after the horse was stolen" by frantically attempting, through closing orders to public schools, churches, theaters, and like activities, to stamp out the disease after it had become firmly established. Other communities wisely instituted closing orders prior to the advent of the disease, and not being visited to any considerable extent by the scourge, the health authorities listened to the pleas of business men, ministers, and others, and rescinded the protective orders, only to realize the mistake after it was too late. It seems strange that people must pay a terrible penalty before they realize that the advice of medical men and public health officers is really worth following. However, it is not alone the public that is at fault, for not infrequently we find a weak-kneed health officer who fails to do his real duty, not alone because

he fears public opinion but because he fears the effect his actions may have on his private practice. Such men not only are deserving of severe censure, but should be driven from office. We believe that the experience in the influenza epidemic points more clearly to the value of an all-time health officer.

THE evidence now in the hands of the alien property custodian shows conclusively that the Imperial German Government, through careful investments made by Ambassador von Bernstorff, tried and almost succeeded for a time, in controlling the drug, chemical, and surgical instrument business of this country and imperiling the supplies of these articles required by the Army and Navy of the United States. It is believed that the master brains that advised Ambassador von Bernstorff and Dr. Albert—the official German go-between—were Dr. Hugo Schweitzer, former chemist of the Bayer Company, and Richard Kny. The latter has been found to be either the head or heavily interested in the Hayden Chemical Works, the Eiseman Magneto Company, and the Kny-Scheerer Company. It is said that the Chemical Exchange Association was the camouflage devised by Kny and Dr. Schweitzer to control the carbolic acid supply of the United States and prevent it going into the manufacture of munitions to be used against Germany. The revelations are of interest to the medical profession in view of the prominence of the Kny-Scheerer Corporation as dealers in surgical and electrical medical instruments, scientific apparatus, and hospital and sanitarium supplies. We are under the impression that the final revelations made by the alien property custodian will show a startling condition as pertains to the association of German-Americans in organizations that have in every way attempted to thwart the purposes of the United States Government in its war work. We also are of the opinion that sufficient facts have been elicited to justify the American public in insisting on having "Made in America" articles of merchandise and by firms having no pro-German taint.

DEATHS

NANCY SNODGRASS, M.D., formerly of Grant County, died recently in Salida, Colo.

MILLARD SPOOR, son of Dr. J. S. Spoor of Brooklyn, Ind., was killed in action in France on September 26.

IDA SARAH BOOHER, wife of Dr. Irwin H. Booher of Connersville, died October 23, of pneumonia, aged 37 years.

ROBERT A. BALDRIDGE, M.D., died October 3, at his home in Farmersburg, aged 82 years. He practiced medicine in Rosedale forty years.

MRS. WALTER K. SCHLOSSER, wife of Dr. Walter K. Schlosser of Plymouth, died October 22, following an illness of one week of influenza, aged 26 years.

ANDREW J. GRAY, M.D., died October 11, at his home near Galveston, aged 64 years. Dr. Gray graduated from the Medical College of Indiana in 1897.

MADISON H. HARRELL, M.D., died October 14, at his home in Noblesville, aged 53 years. Graduated from the Homeopathic Medical College of Missouri in 1900.

WILL BOHM, M.D., of Delphi, died October 10, from pneumonia. He had been commissioned first lieutenant in the M. R. C. and was awaiting his call for active service.

ALDEN C. WHITEMAN, M.D., of Ockley, died October 18 of pneumonia, following influenza, aged 47 years. Dr. Whiteman graduated from the Medical College of Indiana in 1903.

MRS. EUGENE MUMFORD of Indianapolis, wife of Captain Eugene B. Mumford, M. R. C., with Base Hospital No. 32, in France, died October 16, at the home of her parents, following a two weeks' illness of pneumonia, aged 27 years.

JOHN H. BALDRIDGE, M.D., Terre Haute, died October 7, aged 80 years. Dr. Baldrige graduated from the Eclectic Medical College of Cincinnati in 1873, and had practiced medicine in Terre Haute for thirty-six years.

FRED M. TOWLES, M.D., Fort Wayne, died October 8, aged 45 years. Dr. Towles graduated from Medical College of Indiana in 1902, and for a number of years had been connected with the Pennsylvania Railroad Company as assistant surgeon.

HOMER S. FISHER, M.D., LaFontaine, died October 7, at Johns Hopkins Hospital, Baltimore, from pneumonia. Dr. Fisher graduated from the Indiana University School of Medicine and was just completing his fourth year of special work at Johns Hopkins.

EDWARD CEKUL, M.D., Laotto, aged 35 years, died October 23 of double pneumonia, following influenza. Dr. Cekul was born in Riga, Russia, graduated from the Indiana University School of Medicine in 1914, and was a member of the Indiana State Medical Association.

APPLETON F. WRIGHT, M.D., of Taylorsville, died October 19, following injury in an automobile accident. Dr. Wright graduated from the Central College of Physicians and Surgeons, Indianapolis, in 1885, and had practiced medicine at Taylorsville a number of years. He was 47 years of age.

JAMES B. GREENE, M.D., Mishawaka, died of pneumonia on September 30, aged 75 years. Dr. Green graduated from the Cleveland Medical College in 1867, and from the Royal College of Physicians and Surgeons of Canada in 1890. He had practiced medicine in St. Joseph County for fifty-two years.

OSCAR SUMMER TAYLOR, M.D., of Whites-town, died October 16 of pneumonia, aged 45 years. Dr. Taylor graduated from the Medical College of Indiana in 1898. He was a member of the Boone County Medical Society, the Indiana State Medical Association, and the American Medical Association.

ISAAC MYERS, M.D., of Maples, died October 10, aged 65 years. Dr. Myers graduated from the Medical College of Fort Wayne in 1877. He had been retired from active practice the past five years. He was a member of the Fort Wayne Medical Society, the Indiana State Medical Association, and the American Medical Association.

MYRON A. BOOR, M.D., Terre Haute, died October 9, aged 46 years. Dr. Boor was born at Staunton, Ind., graduated in medicine from the Medical College of Indiana in 1894, and began the practice of medicine in Terre Haute five years after his graduation. He was a member of Vigo County Medical Society and the Indiana State Medical Association.

MICHAEL J. SHIEL, M.D., Indianapolis, aged 32 years, died October 20, at St. Francis Hospital, Indianapolis, from pneumonia. Dr. Shiel graduated from the Indiana University School of Medicine in 1914, served one year as intern at the City Hospital, and has since engaged in the practice of medicine in that city. He was a member of the Indianapolis Medical Society and the Indiana State Medical Association.

LUDSOM WORSHAM, M.D., Evansville, chairman of the Surgical Section, Indiana State Medical Association last year, died September 29 of pneumonia, aged 63 years. Dr. Worsham was born in Henderson County, Ky., in 1854, graduated from the New York University Medical College in 1879, and was an active member of the Vanderburgh County Medical Society, the Indiana State Medical Association, and the American Medical Association.

CARL L. SOUDER, M.D., of Columbia City, died October 24, following an operation for frontal sinus trouble, aged 44 years. Dr. Souder graduated from Northwestern University Medical School, Chicago, in 1898, and had practiced medicine at Columbia City for a number of years. He enlisted in the Medical Reserve Corps about a year ago, and was stationed at Camp Custer, but was discharged last spring because of physical disability. He was a member of the Whitley County Medical Society, the Indiana State Medical Association, and the American Medical Association.

CHARLES EMMETT VARIER, M.D., South Bend, died October 9, of pneumonia following influenza. Dr. Varier was born in North Liberty thirty-four years ago, graduated from the South Bend High School and received his medical degree from the University of Michigan School of Medicine in 1909. During his last illness his commission as captain in the M. R. C. arrived, together with orders to report for duty at Camp Taylor. He was a member of the St. Joseph County Medical Society, the Indiana State Medical Association, and the American Medical Association.

CHARLES SUDRANSKI, M.D., Greencastle, ended his own life October 27, nine days after the death of his wife of pneumonia following influenza. Overwork in connection with service on county draft board and a large private practice, made heavier because of the influenza epidemic, coupled with grief over his wife's death, are supposed to have temporarily unbalanced his mind. Dr. Sudranski was born in 1880, graduated from DePauw University, winning the Phi Beta Kappa key, from the Medical College of Indiana in 1905, and served as intern at the City Hospital, Indianapolis, for one year. He was a member of the Putnam County Medical Society, the Indiana State Medical Association, and the American Medical Association.

FREDERICK C. HEATH, M.D., Indianapolis, died October 16, following a years' illness, aged 61 years. Dr. Heath was born in Maine in 1857, graduated from the public schools of Gardiner, Maine, from Amherst College, and the Medical Department of Bowdoin College. He was a member of the United States Marine Hospital for six years; served as secretary of the Indianapolis board of health one term; sec-



FREDERICK C. HEATH, M.D.

retary of the Indiana State Medical Association for fourteen years, president of the same association one term, and has been a member of the faculty of Indiana University School of Medicine since 1901. He also was a Fellow of the American Medical Association.

STEWART H. SCHROCK, M.D., of LaGrange, died October 15 of pneumonia, following influenza, aged 36 years. Dr. Schrock was the son of Dr. H. W. Schrock of LaGrange, graduated from the Indiana Medical College, School of Medicine of Purdue University in 1906, and had engaged in the practice of medicine with his father. Early in September he applied for a commission in the M. R. C., and his commission of first lieutenant was on its way at the time of his death. He was a member of the LaGrange County Medical Society and the Indiana State Medical Association.

CLAYTON A. ENDICOTT, M.D., of Frankfort, died October 8 of pneumonia following influenza, aged 37 years. Dr. Endicott was born in Frankfort in 1871, graduated from Indiana University School of Medicine in 1907, and began the practice of his profession in Mechanicsburg, removing to Frankfort in 1913. He had been granted a commission as first lieutenant in the Medical Reserve Corps, and was to have reported at Fort Riley, Kan., for duty the week of his death. He held the position of city health officer of Frankfort, but had recently resigned to accept his commission, and was secretary of the Clinton County Medical Society. He was a member of the Clinton County Medical Society, the Indiana State Medical Association, and the American Medical Association.

GLENN D. RANSOM, M.D., of Hamilton. Word has been received of the death of Lieutenant Ransom from wounds received "somewhere in France." Neither the date of his death or nature of injuries were given in the report. Dr. Ransom graduated from the University of Michigan School of Medicine in 1913, later locating at Hamilton, Ind., for the practice of medicine. In the summer of 1917 he enlisted in the Medical Reserve Corps, and was soon sent to England, where he served as hospital assistant for several months. He was sent to France with the hospital corps, and in June, 1918, was awarded a French medal for bravery. His entire summer was spent on duty just behind the firing line. Lieutenant Ransom was a member of the Indiana State Medical Association and the American Medical Association.

MISS ALICE ASHBY, a trained nurse of wide reputation as an educator and an executive, and twice superintendent of the Indianapolis City Hospital Training School for Nurses, died September 28, 1918, after a week's illness of pneumonia at Milwaukee, Wis., and was buried September 30 at her family home at Bruceville, Knox County, Ind. She was about 60 years old.

Miss Ashby was a graduate of the Indianapolis City Hospital Training School for Nurses and after her graduation became superintendent of nurses in the private hospital of the late Dr. L. H. Dunning of Indianapolis. She was also superintendent of the Reed Memorial Hospital of Richmond, Ind., and had been connected with the St. Luke's Hospital at New York City, and for several years was superintendent of the General Hospital at Madison, Wis. At the

time of her death she had charge of the Milwaukee, Wis., Nurses' Home.

She was well known throughout Indiana as one of the nurses who early appreciated the educational side of her profession and who displayed rare executive ability. From the time of her graduation her services were in constant demand as superintendent of nurses' training schools and various hospitals, and practically all her professional life was spent in that work.

She was a strict disciplinarian, but had real tact and kindness of disposition which won the respect of the medical profession and her pupil nurses.

Her death is a real loss to the training school work in Indiana and elsewhere.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

GENERAL

DR. W. F. HOWAT of Hammond has been commissioned in the M. R. C.

FRIDAY, October 4, was observed as Disease-Prevention Day in the Lebanon schools.

WORD has been received of the safe arrival overseas of Dr. W. B. Harris of Uniondale.

WORD has been received of the safe arrival overseas of Dr. Fred L. Bunch of Muncie.

WORD has been received of the safe arrival in Siberia of Capt. James A. Work of Elkhart.

CAPT. CHARLES E. GILLESPIE of Seymour left October 25 for service at Fort Oglethorpe.

DR. R. M. RECOBS of Tipton, now in military service, writes of his safe arrival in England.

DR. W. W. GOCHENOUR of Rushville has been promoted to the rank of captain in the M. R. C.

DR. J. P. BLOOD, who moved from Hebron to Valparaiso last spring, has returned to Hebron.

DR. F. H. BEELER of Clinton, located at Camp Sherman, has been promoted to the rank of captain.

LIEUT. M. F. PARRISH of Monroe reported for duty at Fort Oglethorpe, Ga., on October 28.

LIEUT. W. D. BRETZ of Huntingburg left October 20 to report for duty at Fort Riley, Kan.

DR. JOHN SCUDDER of Edwardsport left October 19 for Fort Riley, Kan., for military service.

DR. G. A. WHITLEDGE of Anderson has been elected a Fellow in the American College of Surgeons.

THE Jennings County Medical Society has contributed four of its twelve members to the Medical Corps.

DR. A. P. WARMAN of Clinton has been commissioned captain in the M. R. C. and ordered to Hampton, Va.

DR. C. S. HOUGHLAND of Milroy, captain in the M. R. C., left October 19 for duty at Fort Oglethorpe.

DR. J. A. MEINER of Kokomo, commissioned first lieutenant, reported November 1 at Fort Benjamin Harrison.

DR. LEO K. RYAN of Gary has been commissioned assistant surgeon in the Navy with rank of lieutenant.

DR. H. C. METCALF of New Salem has arrived safely overseas, according to word received by relatives.

DR. J. I. MARIS of Paoli has been transferred from Camp Greenleaf, Fort Oglethorpe, Ga., to Camp Pike, Ark.

DR. W. M. BIGGER of Hammond, first lieutenant in the M. R. C., left October 23 for duty at Fort Oglethorpe, Ga.

DR. GOETHE LINK of Indianapolis addressed the Delaware-Blackford County Medical Society at their October meeting.

DR. WILL SHIMER of Indianapolis, director of the state medical laboratory, has been commissioned first lieutenant.

DR. E. RAY ROYER of Indianapolis, who has been in France since last March, has been promoted to the rank of captain.

DR. FRANK M. BIDDLE of Battle Ground received his commission and was called for duty at Fort Riley, Kan., on October 18.

DR. F. E. WOLFE of New Albany, with commission of captain in the M. R. C., has been assigned to duty at Fort Oglethorpe.

DR. J. R. SICKLER of Frankfort has been commissioned captain in the Medical Corps and ordered to report at Camp Sevier, S. C.

DR. C. W. YARRINGTON of Gary has been commissioned captain in the Medical Reserve Corps and ordered to Fort Riley, Kan.

DR. W. B. PAGE of Goshen has been commissioned captain in the M. R. C. and left October 31 for Fort Oglethorpe, Ga.

DR. L. L. WILLIAMS of Brazil left, October 16, for Petersburg, Va., to assist the Public Relief Corps in the influenza epidemic.

DR. FRANK H. GREEN of Rushville was commissioned captain in the M. R. C. and ordered to Fort Oglethorpe, Ga., for training.

DR. H. P. LONG of Aurora has been commissioned in the M. R. C. and left October 16 for Camp Greenleaf, Fort Oglethorpe.

DR. C. R. BROWN of Marion has been commissioned first lieutenant in the M. R. C. and assigned for duty at Fort Riley, Kan.

DR. JOHN V. KERRIGAN of Michigan City has been commissioned first lieutenant in the M. R. C. and ordered to Fort Oglethorpe for duty.

DR. GEORGE B. MORRIS of Pennville, stationed at Syracuse, N. Y., in military service, has been promoted from lieutenant to captain.

DR. J. E. LUZADER has been appointed secretary of the Bloomington Board of Health to succeed Dr. J. E. Moser, now in military service.

DR. EDWARD A. BROWN of Indianapolis has been commissioned captain in the M. R. C. and reported October 15 at Fort Oglethorpe, Ga.

DR. A. G. SCHLIEKER of East Chicago, commissioned captain in the M. R. C., has been ordered to Camp Greenleaf, Fort Oglethorpe, Ga.

DR. C. M. JOHNSON of Elizabethtown has been commissioned first lieutenant in the M. R. C. and reported at Fort Riley, Kan., November 5.

DR. O. E. McWILLIAMS of Anderson received his commission as captain in the M. R. C. and left October 17 for Camp Sherman, Chillicothe, Ohio.

DR. D. J. BALLARD, veteran retired physician of St. Paul, celebrated his seventy-seventh birthday anniversary on October 8, by a family dinner.

* ACCORDING to reports, Dr. Leonard Ensinger of Indianapolis, now in military service in France, has been promoted to the rank of major.

DR. T. J. McKEAN of Linn Grove has accepted commission as first lieutenant in the M. R. C. and reported at Fort Oglethorpe for duty.

DR. CHARLES H. YENNE of Washington has been appointed a member of the district exemption appeal board to succeed Dr. Clurkin, resigned.

DR. GILBERT J. THOMSON of Terre Haute has recently been notified that he failed to pass the physical examination for enlistment in the M. R. C.

DR. GEORGE W. CRAMM of Hayden has been commissioned first lieutenant in the Medical Reserve Corps and ordered to Fort Oglethorpe for duty.

DR. L. PARK DRAYER of Fort Wayne has been promoted to the rank of major and ordered for overseas duty with Evacuation Hospital Number 49.

DR. H. G. FLEMING of Anderson has been commissioned captain in the M. R. C. and ordered to report at Hattiesburg, Miss., on November 1.

DR. S. W. HERVEY of Fortville has received an honorable discharge from the M. R. C. because of physical disability, and returned to his practice.

DR. C. R. PRICE of Geneva, commissioned as first lieutenant in the Medical Reserve Corps, reported for duty at Fort Riley, Kan., on November 8.

DR. LEO S. PETERSEN, national president of the Chi Zeta Chi Medical Fraternity, died in New York, October 22, from pneumonia following influenza.

DR. THOMAS H. MCKAIN, only physician of Linn Grove, has been commissioned first lieutenant in the M. R. C. and assigned to duty at Fort Oglethorpe.

DRS. C. A. AND J. S. INKS of Nappanee have recently moved into their new office building, just completed, and equipped in the most up-to-date manner.

DR. CHARLES E. DUFFIN of Richmond has been commissioned captain in the M. R. C., closed his offices, and reported, November 1, at Camp Taylor.

DR. C. L. WAYMAN of Indianapolis, now attached to the Field Artillery Replacement Depot, Camp Zachary Taylor, has been promoted to the rank of major.

DR. G. B. M. BOWER of Fort Wayne has been assigned to duty as assistant surgeon of the public health service of Boston, and left October 2 for that city.

DR. W. D. ASBURY of Shelburn has received his commission as captain in the M. R. C. and reported for duty at Camp Sherman, Chillicothe, on October 26.

WORD has been received of the promotion of Capt. A. B. Graham of Indianapolis to the rank of major. Major Graham is with Base Hospital No. 32 in France.

DR. E. W. DYAR of Ossian underwent an operation for appendicitis at the Lutheran Hospital, Fort Wayne, October 19. He is making an uneventful recovery.

DR. CHARLES B. KERN of Lafayette has been appointed, by the Surgeon-General, acting assistant surgeon in public health service for duty in the state of Indiana.

DR. J. E. MOSER, secretary of the Bloomington Board of Health, has received commission as captain in the M. R. C. and sent to Fort Riley, Kan., for training.

DR. F. M. MILLER of Lawrence has been chosen a member of his local medical advisory board to fill the vacancy left by the removal of Dr. O. S. Jaquith to Indianapolis.

CAPT. W. N. CULMER of Bloomington, who has been located at Camp Jackson, Columbia, S. C., has been ordered overseas with Evacuation Hospital Unit No. 26.

WORD is received of the promotion of First Lieut. Harry Boyd-Snee of South Bend to the rank of captain. Captain Boyd-Snee is located at Little Rock, Ark., with the base hospital.

DR. JOHN D. GARRETT has been elected to fill the vacancy on the Indianapolis City Board of Health left by the resignation of Dr. James C. Carter, who entered military service.

CAPT. T. J. TONER of Gary was tendered a farewell dinner at the Gary Hotel, by professional and business friends, prior to leaving for duty at Fort Riley, Kan., on October 14.

CAPT. B. W. CHIDLAW of Hammond, who has been stationed at Camp Greenleaf, Ga., has been transferred to the Bellevue Hospital, New York, for a special course in bone surgery.

DR. HARRY L. BELL of Knox has been commissioned first lieutenant in the M. R. C. and stationed at the General hospital, Tacoma Park, Washington, D. C. Mrs. Bell is with the doctor.

DR. C. J. STEVENS, superintendent of the Tuberculosis Hospital at Rockville, has been commissioned first lieutenant in the M. R. C. and left October 17 for duty at New Haven, Conn.

DR. ARTHUR E. GUEDEL of Indianapolis, who has charge of all anesthetic work in Base Hospitals 32, 23, 31 and 36, "somewhere in France," has been promoted from first lieutenant to captain.

DR. ERIC A. CRULL of Fort Wayne, secretary of the city board of health, has been commissioned captain in the M. R. C. His call to service has been postponed owing to the influenza situation.

LIEUT. BLAN F. DEER of Indianapolis was married, October 14, to Miss Freida Mayer of Indianapolis. The couple left immediately for Fort Oglethorpe, Ga., where Lieutenant Deer is stationed.

DR. WILLIAM H. CONNER of Fort Wayne (colored) received an appointment as acting assistant surgeon in public health work for the city of Boston, and left the first of October for duty there.

DR. A. M. KIRKPATRICK of Columbus has been elected president of the Bartholomew County Medical Society to succeed Dr. O. A. DeLong of Azalia, who is in military service, stationed at Fort Oglethorpe.

LIEUT. JAMES B. BOSTWICK of South Bend left October 14 for duty at Camp Taylor, Ky. Dr. Walter H. Baker, also of South Bend, with commission of captain, left October 15 for duty at Fort Oglethorpe

DR. JOHN H. GREEN, secretary of the Jennings County Medical Society for the past six years, has been commissioned first lieutenant in the Medical Reserve Corps and ordered to Fort Riley, Kan., November 5.

DR. JAMES A. RAWLEY of Brazil, owner of the Rawley Hospital, has been commissioned captain in the M. R. C. and ordered to Fort Oglethorpe, Ga. His hospital is to be closed during his absence in military service.

DR. THOMAS GREEN of Shelbyville reports remarkable success in the treatment of influenza and prevention through a serum of his own discovery. The formula has been submitted to the Surgeon-General at Washington.

DR. H. W. McDONALD of Newcastle, first lieutenant in the M. R. C., reported for duty November 1 at Camp Wadsworth, Spartanburg, S. C. Dr. L. C. Marshall, of the same place, left October 13 for Raleigh, S. C.

DR. E. H. UNDERWOOD of Fort Wayne, commissioned first lieutenant in the Medical Reserve Corps and ordered to Fort Oglethorpe, Ga., September 1, has been honorably discharged for physical disability, and returned to his practice.

DR. H. A. DUEMLING of Fort Wayne has accepted a commission as captain in the Medical Reserve Corps, and Dr. B. G. DuPre, of the same city, for several years assistant to Dr. Duemling, has been commissioned first lieutenant.

DR. GILBERT R. FINCH of Center Point, last remaining physician of that town, has been commissioned in the Medical Reserve Corps. After Dr. Finch's departure the nearest physician to Center Point is eight miles away, at Hoosierville.

DR. WILLIAM A. MCBRIDE of Indianapolis has been commissioned captain in the M. R. C. and ordered to New Haven, Conn., where he will take three months' postgraduate course in the treatment of tuberculosis at Yale University.

DRS. D. R. JOHNS AND R. P. HALE of East Chicago have received commissions in the M. R. C. and ordered to Fort Riley, Kan., and Fort Oglethorpe, Ga., respectively. The date for reporting has been postponed because of the influenza situation.

DRS. W. E. SMITH AND J. M. MILLER of Decatur, under the direction of the V. M. S. C., have been assisting to fight the influenza epidemic in Boston, Mass. Dr. C. E. Canaday of New Castle also was ordered for duty in the same capacity at Boston.

LIEUT. S. L. MCKINNEY, M. R. C., of Huntingburg, who has been in military service in France for some time, recently underwent an operation for appendicitis in one of the Officers' Hospitals over there. Reports state that he was making an uneventful recovery.

THE influenza epidemic has caused the abandonment of a great many national and other meetings and the postponement of others. Among the latter is the annual meeting of the American Public Health Association which was postponed from October 14-17 to December 9-12.

DR. W. C. WINSTANDLEY of New Albany received his commission as captain in the M. R. C., and reported at Colonia, N. J., on November 1. Dr. Henry W. Shacklett, also of New Albany, with commission as captain, reported on November 1 for duty at Ann Arbor, Mich.

THE old Morton hotel building, 40½ Monument Circle, Indianapolis, has been converted into barracks for the members of the Student Army Training Corps, composed of the medical students of Indiana University School of Medicine of the Enlisted Medical Reserve Corps. Accommodations allow for 125 students.

AT A recent meeting of the Eighth District Medical Society, held at Muncie, the following officers were elected for the ensuing year: President, Dr. L. F. Schmauss of Alexandria; vice president, Dr. M. T. Jay, Portland; secretary-treasurer, H. D. Fair, Muncie (reelected), and councilor, G. W. H. Kemper (reappointed).

IN this number of THE JOURNAL will be found classified ad offering for sale the practice and complete office equipment, including furniture, surgical instruments, medicines, etc., of the late Dr. Charles Sudranski of Greencastle. The opening is a splendid one, and covers a practice which averaged more than \$5,000 per year.

DURING October the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Hynson, Westcott and Dunning: Lutein Tablets, H. W. and D., 2 grains.

Eli Lilly and Company: Pneumococcus Antigen (Rosenow), Lilly.

"PAWNS OF FATE" is a new book of fiction, just off the press, written by Dr. Paul E. Bowers of Michigan City, formerly physician at the Indiana State Prison, but now in military service. The book is the life story of a criminal, and Dr. Bowers forcefully pictures degeneracy as the result of a broken physical law, many phases being drawn from his researches among the inmates of the prison and hospital for insane criminals.

DR. FRED BATMAN has been appointed to succeed Dr. J. E. P. Holland as Indiana University physician at Bloomington. Dr. Batman graduated from Indiana University in 1901 and from the Chicago University of Medicine in 1904. He spent the following year as interne at St. Luke's Hospital in Chicago, after which he began the practice of medicine at Bloomington. Captain Holland is in military service, stationed at Fort Oglethorpe, Ga.

DR. HOMER G. HAMER of Indianapolis, for the past thirteen years associated with Dr. William N. Wishard in the treatment of genito-urinary diseases, has been commissioned first lieutenant in the Medical Reserve Corps and ordered to Camp Taylor on October 25. Dr. H. O. Mertz of La porte, Ind., and for several years associated with Drs. Bowell, Martin, Osborn, Simon and Danruther as the genito-urinary man of their clinic, is taking Dr. Hamer's place. Dr. Mertz was a former student of Dr. Wishard's and was at one time an assistant in his office. After the war both Dr. Hamer and Dr. Mertz will continue to be associated with Dr. Wishard.

How the civilian physicians of the country have been readily responding to the call of the United States Public Health Service for medical aid in the districts most affected by the epidemic of influenza is reflected in two letters, written a week apart to the president of the Central Governing Board of the Volunteer Medical Service Corps of the Council of national Defense. On September 27 Surgeon-General Rupert Blue of the U. S. Public Health Service requested the cooperation of the Volunteer Medical Service Corps, and within seventy-two hours the 500 doctors asked for had volunteered. Three days after the first call, another request for 500 went out, and on October 1 the names of 1,135 physicians had been furnished. On every day since, additional names of volunteers have been coming in, and they have been sent to Surgeon-General Blue for his reserve list.

THE influenza epidemic will be made the most important subject of discussion at the December meeting of the American Public Health Association, which is to be held at Hotel Morrison, Chicago, December 9 to 12. Some of the questions which will be discussed are as follows:

- Is influenza vaccine efficacious as a prophylactic?
- What type of vaccine is most useful?
- Does it help as a therapeutic?
- What about nose and throat sprays?
- What are the results with convalescent serum?
- What about the open-air treatment?

How can the health officer co-ordinate hospital, medical, health, and relief agencies in similar calamities?

How can we take advantage of the epidemic for the benefit of more adequate health appropriations and better community and personal hygiene?

The secretary of the association is located at 126 Massachusetts Avenue, Boston, Mass.

THE work of the Section of Medical Industry, War Industries Board, in supplying medical material necessary for military, industrial, and civilian requirements is outlined in a statement by Lieut.-Col. F. F. Simpson, M. C., N. A., in *The Modern Hospital* for October. The purposes of the boards, states Colonel Simpson, are:

- (a) To aid the War Industries Board in its effort to make available for war purposes a full supply of material required for the military emergency.
- (b) To insure an adequate supply of essential medical and surgical materials for industrial and other civilian requirements (for hospital, dispensary, and home use).

(c) To assist in the conservation of medical and surgical materials appearing on shortage lists.

(d) To cooperate with other departments of government in establishing appropriate preferential rating for civilian as well as for military medical needs.

(e) To furnish other sections of the War Industries Board, as well as other departments of government, with any information available regarding the essential need of civil and military medicine.

(f) To assist in every other way possible in securing materials for the care of civil and military population.

In order that the essential demands of the hospitals may be met the board plans to speedily make inquiry as to their probable needs for the next six months.

THE doctors and dentists of the country have received the following urgent request concerning the utilization of platinum in unused instruments:

1. In view of the limited supply of platinum in the country and of the urgent demand for war purposes, it is requested that every doctor and dentist in the country go carefully over his instruments and pick out *every scrap of platinum* that is not absolutely essential to his work. These scraps, however, small and in whatever condition, should reach governmental sources without delay, through one of two channels:

(a) They can be given to proper accredited representatives of the Red Cross who will shortly make a canvas for that purpose.

(b) They may be sold to the government through any bank under the supervision of the Federal Reserve Board. Such banks will receive and pay current prices for platinum. By giving this immediate attention you will definitely aid in the war program.

2. It is recognized that certain dental and surgical instruments requiring platinum are necessary, and from time to time platinum is released for that purpose. It is hoped, however, that every physician and every dentist will use substitutes for platinum for such purposes wherever possible.

3. *You are warned* against giving your scrap platinum to anyone who calls at your office without full assurance that that individual is authorized to represent the Red Cross in the matter.

LIEUT.-COL. F. F. SIMPSON, M. C., N. A.,
Chief of Section of Medical Industry.

ORDERS to officers of the Medical Reserve Corps, as pertains to Indiana doctors, during the month of September:

To Camp Dodge, Iowa, as orthopedic surgeon, Capt. I. M. WASIBURN, Rensselaer.

To Camp Grant, Ill., Capt. E. A. STURM, Jasper; H. M. BOUNNELL, Waynetown.

To Camp Greene, N. C., Lieut. A. B. THOMPSON, Lake.

To Camp Jackson, S. C., base hospital, Capt. J. A. MacDONALD, Indianapolis.

To Camp Sherman, Ohio, Lieuts. C. J. BIEDENKOFF, Grand View; G. C. CONGLETON, Terre Haute.

To Fort Oglethorpe for instruction, Capt. C. C. ROBINSON, Indiana Harbor; O. S. DEITCH, Indianapolis; A. T. DAVIS, Marion; W. H. BAKER, South Bend; Lieuts. G. F. BICKNELL, Indiana Harbor; J. C. CARTER, J. L. JACKSON, H. J. LEMMON, Indianapolis; Z. M. LAUGHLIN, Linton; G. C. COULBOURN, Marion Station; J. V. KERRI-

GAN, Michigan City; C. J. MUNNS, Newburgh; B. F. DERR, South Bend; L. G. SPRADLEY, Tennyson; N. L. REYNOLDS, Warsaw.

To Fort Riley for instruction, Capt. D. J. CUMMINGS, Brownstown; J. W. IDDIGS, Lowell; Lieuts. J. R. CARNEY, Delhi; J. E. WIER, Evansville; W. B. RICE, J. W. THIMLAR, Fort Wayne; C. A. ENDICOTT, Frankfort; J. S. GALBRAETH, Huntington; F. W. KERN, Kurtz; J. H. HAUCK, J. S. SHAFFER, Terre Haute; E. P. FLANAGAN, Walton.

To Washington, D. C., Surgeon-General's Office, Capt. H. M. EVANS, Chattanooga.

To Camp Dodge, Iowa, base hospital, Capt. W. F. HOWAT, Hammond.

To Camp Grant, Ill., base hospital, Capt. C. BOARDMAN, Gary.

To Camp Jackson, S. C., base hospital, for instruction, Lieut. C. E. COX, Indianapolis.

To Camp Sherman, Ohio, base hospital, Capt. O. E. McWILLIAMS, Anderson; J. R. GILLUM, Terre Haute.

To Fort Des Moines, Iowa, base hospital, Capt. L. Z. BREAKS, Terre Haute.

To Fort Oglethorpe for instruction, Capt. E. A. BROWN, E. F. KISER, Indianapolis; C. S. HOUGLAND, Milroy; F. E. WOLFE, New Albany; F. H. GREEN, Rushville; Lieuts. H. P. LONG, Dillsboro; C. J. ROTHCHILD, Fort Wayne; H. W. COX, Indianapolis; C. E. JUMPER, Terre Haute.

To Fort Riley for instruction, Capt. C. W. ASBURY, Hymera; Lieuts. A. C. CHENOWETH, Andrews; F. M. BIDDLE, Battle Ground; J. B. MOSER, Bloomington; W. D. BRETZ, Huntington; R. J. D. PETERS, Indianapolis; T. M. SMITH, Marysville; R. O. KENNEDY, Milroy; H. M. CROWE, South Bend.

To New Haven, Conn., Lieut. C. J. STEVENS, Rockville.

To Washington, D. C., Surgeon-General's Office, Capt. C. ROGERS, Indianapolis.

To Camp Grant, Ill., Lieut. B. M. GUNDELFINGER, Indianapolis.

To Camp Lewis, Wash., base hospital, for instruction, Capt. C. A. BALLARD, Whiting.

To Camp McClellan, Ala., Lieut. K. S. STRICKLAND, Owensville.

To Camp Sherman, Ohio, base hospital, Capt. W. D. ASBURY, Terre Haute.

To Camp Wadsworth, S. C., Lieut. H. W. MacDONALD, New Castle.

To Camp Zachary Taylor, Ky., Lieut. H. G. HAMER, Indianapolis. Base hospital, Capt. W. E. TINNEY, Indianapolis; Lieut. J. G. BOSTWICK, Mishawaka. For instruction, Capt. E. L. WIGGINS, Indianapolis.

To Fort Oglethorpe for instruction, Capt. R. M. TILTON, Columbus; A. G. SCHLIEKER, East Chicago; W. M. BIGGER, Hammond; B. M. HUTCHINGS, O. R. SPIGLER, Terre Haute; Lieuts. T. J. O'NEILL, Anderson; R. P. HALE, East Chicago; G. W. CRAMM, Hayden; J. C. DANIEL, Indianapolis; S. E. DITMER, Kouts; T. J. McKEAN, Linn Grove; J. A. GIBBONS, Mitchell; R. A. ANDERSON, Vincennes.

To Fort Riley for instruction, Capt. T. J. TONER, Gary; H. G. WEISS, Rockport; Lieuts. W. K. ADAIR, Crothersville; D. R. JOHNS, East Chicago; J. A. SCUDDER, Edwardsport; W. H. COLEMAN, Evansville; E. A. PAPE, Indianapolis; C. R. BROWN, Marion; O. L. BELCHER, Monroe City; E. O. ASHER, New Augusta; W. D. LITTLE, Whitestown.

To Jefferson Barracks, Mo., Lieut. H. L. MAGENNIS, Indianapolis.

To Ann Arbor, Mich., State Psychopathic Hospital, for intensive training, Capt. H. B. SHACKLETT, New Albany.

To Camp Meade, Md., Lieut. G. R. HAYS, Richmond.

To Camp Sevier, S. C., Lieut. J. P. WOLF, New Market. Base hospital, Capt. J. R. SICKLER, Frankfort.

To Camp Zachary Taylor, Ky., base hospital, Capt. C. E. DUFFIN, Richmond. Base hospital, for instruction, Capt. C. E. VARIER, South Bend.

To Colonia, N. J., Capt. W. C. WINSTANDLEY, New Albany.

To Denver, Colo., Capt. B. ERDMAN, Indianapolis.

To Fort Benjamin Harrison, Ind., Lieuts. J. C. KINCAID, Indianapolis; J. A. MEINER, Kokomo.

To Fort Oglethorpe for instruction, Capt. J. W. LITTLE, C. W. MARXER, Indianapolis; C. E. GILLESPIE, Seymour; O. S. TAYLOR, Whitestown; Lieuts. G. ALEXANDER, Bedford; I. J. GILL, Dugger; E. B. FLAVIEN, Logansport.

To Fort Riley, Capt. F. RODENBECK, Arcadia. For instruction, Capt. W. G. CULLODEN, F. P. REID, Indianapolis; J. D. STURDEVANT, Noblesville; Lieuts. C. M. JACKSON, Elizabethtown; W. A. HODGES, Emison; J. T. OLIPHANT, Farmersburg; E. D. SKEEN, Gary; C. R. PRICE, Geneva; C. U. THIRALLS, Hymera; H. S. LEONARD, A. L. WALTERS, Indianapolis; C. M. WRAY, New Richmond; V. A. SHANKLIN, West Terre Haute.

INDIANA PHYSICIANS IN MILITARY SERVICE

Counties	—Number of Physicians in County—					Dis-qualified	Com-mis-sioned
	Total	Under 45	45-55	Over 55	Women		
Adams.....	29	10	10	8	1	1	7
Allen.....	173	82	35	49	7	7	38
Bartholomew..	53	10	14	27	2	1	12
Benton.....	17	10	6	0	1	4	5
Blackford.....	15	8	6	0	1	3	4
Boone.....	41	13	11	14	3	1	2
Brown.....	6	3	0	3	0	0	0
Carroll.....	36	18	2	15	1	2	5
Cass.....	78	35	17	25	1	6	16
Clark.....	39	17	6	16	0	0	7
Clay.....	42	16	4	22	0	2	8
Clinton.....	54	21	12	21	0	3	9
Crawford.....	15	6	1	8	0	0	1
Daviess.....	37	13	8	14	2	2	5
Dearborn.....	28	16	7	4	1	3	7
Decatur.....	38	17	8	12	1	1	4
Dekalb.....	40	22	4	12	2	1	7
Delaware.....	102	37	19	43	3	4	16
Dubois.....	31	13	9	9	0	1	10
Elkhart.....	82	24	28	29	1	1	11
Fayette.....	22	12	7	3	0	0	3
Floyd.....	53	20	10	21	2	6	5
Fountain.....	39	16	9	14	0	0	9
Franklin.....	17	4	0	13	0	1	1
Fulton.....	25	8	9	8	0	2	2
Gibson.....	45	17	8	20	0	2	6
Grant.....	92	33	22	30	6	4	14
Greene.....	38	..	..	..	..	1	6
Hamilton.....	47	16	13	17	1	0	11
Hancock.....	31	13	10	7	1	4	11
Harrison.....	25	12	3	9	1	0	5
Hendricks.....	36	19	3	13	1	0	5
Henry.....	56	23	11	21	1	1	6
Howard.....	64	31	11	22	0	0	12
Huntington.....	41	13	10	18	0	1	9
Jackson.....	33	14	6	13	0	1	3
Jasper.....	10	9	0	1	0	2	5
Jay.....	38	14	11	11	2	1	7
Jefferson.....	35	10	9	15	1	1	4
Jennings.....	16	6	1	9	0	0	3
Johnson.....	48	10	14	23	1	1	6
Knox.....	75	35	15	24	1	5	13
Kosciusko.....	45	19	10	16	0	2	16
Lagrange.....	21	10	2	9	0	0	2
Lake.....	178	93	16	63	6	6	34
LaPorte.....	61	32	14	10	5	3	13
Lawrence.....	37	14	11	12	0	1	4
Madison.....	105	25	30	47	3	3	21
Marion.....	740	441	122	141	36	18	167
Marshall.....	43	12	10	20	1	0	9
Martin.....	14	7	1	6	0	2	1
Miami.....	50	26	13	11	0	0	10
Monroe.....	36	12	14	8	2	0	11
Montgomery...	70	23	15	29	3	2	11
Morgan.....	40	17	6	17	0	2	6
Newton.....	18	7	6	5	0	0	3
Noble.....	30	14	5	11	0	0	2
Ohio.....	7	2	2	3	0	1	0
Orange.....	32	12	5	15	0	1	6
Owen.....	23	5	6	12	0	1	3
Parke.....	35	20	4	10	1	0	10
Perry.....	17	7	3	7	0	1	4
Pike.....	25	9	3	13	0	1	5
Porter.....	29	14	7	8	0	1	10
Posey.....	33	11	11	11	0	0	3
Pulaski.....	16	9	1	6	0	0	3
Putnam.....	33	10	10	13	0	0	4
Randolph.....	49	19	7	22	1	1	10
Ripley.....	34	14	5	14	1	2	6
Rush.....	30	14	9	7	0	1	8
St. Joseph.....	117	52	35	25	5	6	27
Scott.....	10	3	3	3	1	0	1
Shelby.....	44	14	14	15	1	2	7
Spencer.....	37	14	9	14	0	4	8
Starke.....	12	4	4	4	0	0	2
Steuben.....	35	9	2	23	1	0	9
Sullivan.....	44	19	16	8	1	4	6
Switzerland...	12	4	4	4	0	0	1
Tippecanoe...	72	41	12	18	1	5	23
Tipton.....	34	16	5	11	2	2	7
Union.....	8	3	2	3	0	1	0
Vanderburg...	147	69	33	40	5	4	26
Vernillion...	30	15	4	11	0	0	7
Vigo.....	157	80	29	46	2	9	36
Wabash.....	43	18	8	14	3	1	8
Warren.....	32	6	20	5	1	0	6
Warrick.....	39	12	8	18	1	1	7
Washington...	30	10	3	17	0	0	3
Wayne.....	83	38	12	29	4	8	18
Wells.....	27	10	9	8	0	7	10
White.....	29	14	1	13	1	4	7
Whitley.....	28	12	2	13	1	0	2

ADAMS COUNTY

COVERDALE, Earl Gilbert, 213 N. Second St., Decatur.
 HOFFMAN, Sterling Peter, Decatur.
 JONES, Daniel Darley, Berne.
 JONES, Harry Orville, Berne.
 McKEAN, Thomas Jeremiah, Linngrove.
 PARRISH, Marion Franklin, Monroe.
 SCHENK, Charles Henry, Berne.

ALLEN COUNTY

BENNINGHOFF, Daniel Reuben, Ft. Wayne.
 BERGHOFF, Raymond Julius, Ft. Wayne.
 BLOSSER, Howard Verasta, 309 W. Main St., Ft. Wayne.
 BRUGGEMAN, Henry Otto, Ft. Wayne.
 CALVIN, Warren David, 312 W. Wayne St., Ft. Wayne.
 CAREY, Willis W., 2525 Calhoun St., Ft. Wayne.
 CATLETT, Marshall Burr, 415 E. Pontiac St., Ft. Wayne.
 DANCER, Charles Rowley, Ft. Wayne.
 DITTON, Irvin Wilson, 911 E. Wayne St., Ft. Wayne.
 DRAYER, Lewis Parke, 301 W. Berry St., Ft. Wayne.
 EBERLY, Karl Coulson, Gaunt Bldg., Ft. Wayne.
 EDLAVITCH, Baruch Mordecai, Gaunt Bldg., Ft. Wayne.
 ERWIN, Harry George, Hupertown.
 FARNHAM, Wald Clay, 921 E. Creighton Ave., Ft. Wayne.
 FAUVE, Adrian Eugene, 343 W. Wayne St., Ft. Wayne.
 GILPIN, John Henry, 218 E. Wash. St., Ft. Wayne.
 HAMILTON, Allen, 337 W. Wayne St., Ft. Wayne.
 MENDENHALL, Edgar Nelson, Broadway, Wash. Blvd., W. Ft. Wayne.
 METCALF, Dorsey Dean, 1619 Crescent Ave., Ft. Wayne.
 MORRIS, Isaac E., Ft. Wayne.
 PORTER, Miles Fuller, Jr., 627 W. Wayne St., Ft. Wayne.
 RAWLES, Lyman Talmage, 3131 Fairfield Ave., Ft. Wayne.
 RAY, Herbert Andrew, 325 E. Creighton Ave., Ft. Wayne.
 RHAMY, Bonelle William, 1115 Garden St., Ft. Wayne.
 RICE, Wilkie Benjamin, Ft. Wayne.
 ROSENTHAL, Maurice I., 336 W. Berry St., Ft. Wayne.
 SENSENY, Herbert Milford, 207 Gaunt Bldg., Ft. Wayne.
 SINGER, Elmer Clayton, 1201 Lambert Drive, Ft. Wayne.
 STEINMAN, Henry Edward, Monroeville, Ind.
 THIMLAR, James Wiley, Ft. Wayne.
 UNDERWOOD, Edwin H., 2610 Broadway, Ft. Wayne.
 VAN BUSKIRK, Edmund Michael, Ft. Wayne.
 WELLS, Edwin Mercer, Ft. Wayne.
 VAN SWERINGEN, Budd, 206 Wash. Blvd., Ft. Wayne.
 BEALL, Charles Giffen, Ft. Wayne.

BARTHOLOMEW COUNTY

ASPY, John Ambrose Miller, Hope.
 BECK, Flavius Jasper, Hartsville.
 BENHAM, James Wesley, Columbus.
 DELONG, Orville Adam, Azalia.
 GRAHAM, Paul Conde, Columbus.
 HEILMAN, William Clyde, Hope.
 MARIS, John Irvin, Waymansville.
 NORTON, William James, Hope.
 REDMAN, Lonzo Harrison, Elizabethtown.
 ROOPE, Alfred Plummer, Columbus.
 TILTON, Raymond Moore, Columbus.

BENTON COUNTY

BUNDY, Clyde Talbot, Earl Park.
 HARTSOOK, Francis Marion, Freeland Park.
 HUBBARD, Henley Harvey, Boswell.
 PARKER, Ernest Eugene, Oxford.

BLACKFORD COUNTY

BUCKLES, Herbert Leigh, Hartford City.
 EMSHWILLER, Marion Amos, Montpelier.
 HOLLIS, William Allen, Hartford City.
 SELLERS, Charles A., Hartford City.

BOONE COUNTY

JOHNSON, Thomas Brown, Jamestown.
 BENNETT, Edwin Merville, Jamestown.

CARROLL COUNTY

CARNEY, John Robert, Delphi.
 CLAUSER, Albert Charles, Delphi.
 CRAMPTON, Charles Cass, Delphi.
 QUINN, Claudius Ellsworth, Burlington.
 WRAY, Benjamin Franklin, Camden.

CASS COUNTY

BALLARD, John William, Logansport.
 GILBERT, James Lewis, Logansport.
 HARE, John Herbert, Logansport.
 HATFIELD, James Francis, Walton.
 HOLMES, Will W., Logansport.
 JOHNSON, Harry Charles, Logansport.
 LYBROOK, Daniel Edgar, Young America.
 McCULLY, Charles Harvey, Logansport.
 NELSON, James Van D., Logansport.
 NICODEMUS, John P., Logansport.
 ROGERS, Clarke, Logansport.
 SHULTZ, Harry M., Logansport.
 SPOHN, Edward Arthur, Walton.
 STANTON, James Justice, Logansport.
 TERFLINGER, Fred Weston, Longcliff, Logansport.
 TROUTMAN, Rodney E., Logansport.

CLARK COUNTY

COHEN, David, Jeffersonville.
 CRUM, Claude Charles, Jeffersonville.
 ELROD, Stephen Benton, Henryville.
 PEYTON, David Combs, Jeffersonville.
 REEDER, Henry Heft, Jeffersonville.
 SMITH, Thomas Martin, Marysville.
 WALKER, James Henry, Jeffersonville.

CLAY COUNTY

BROWN, Archie Schuyler, Clay City.
 DILEY, Fred Counselman, Brazil.
 ELLIOTT, Harry, Brazil.
 HAWKINS, Robert Warren, Brazil.
 PALM, William, Harmony.
 PELL, Harry Milton, Brazil.
 RENTSCHLER, Lewis Courtney, Center Point.
 SOURWINE, Clifford, Brazil.

CLINTON COUNTY

BOTTS, Harry Hal, Colfax.
 CHITTICK, A. G., Frankfort.
 CLARK, Noah Webster, Rossville.
 COMPTON, Charles Benton, Michigantown.
 *ENDICOTT, Clayton Arthur, Frankfort.
 KOONS, Karl Monroe, Mulberry.
 LOCKE, Frederick Claire, Rossville.
 ROBISON, John Eayres, Geetingsville.
 TROXELL, Emmett Calvin, Mulberry.

CRAWFORD COUNTY

DEEN, Henry Harrison, Leavenworth.

DAVIESS COUNTY

BANISTER, Revel F., Washington.
 BONER, George W., Washington.
 BOWMAN, Ira Edgar, Oden.
 WADSWORTH, Herberman Curtis, Washington.
 WINKLEPLECK, Aaron M., Alfordsville.

DEARBORN COUNTY

FAGALY, Arthur Thomas, Lawrenceburg.
 JACKSON, John Martin, Aurora.
 JOHNSTON, David, Moores Hill.
 LONG, Holland Philip, Dillsboro.
 MARSHALL, Charles Cogley, Aurora.
 STEWART, Omer Hall, Aurora.

DECATUR COUNTY

BLAND, Curtis, Greensburg.
 GRAY, Edmund Colman, Greensburg.
 PHILIPS, Charles, Greensburg.
 TINDALL, Paul Raphael, Greensburg.

DE KALB COUNTY

GEISINGER, Lewis N., Auburn.
 HINES, Dorsey Mark, Auburn.
 HINES, Archie Verl, Auburn.
 ISH, Ethan Alexander, Waterloo.
 LEAS, John Augustus, Auburn.
 SCHURTZ, Espy Karl, Waterloo.
 THOMSON, John William, Garrett.

DELAWARE COUNTY

ROCK, Clarence Leroy, Muncie.
 BOWLES, Herman S., Muncie.
 BUNCH, Frederick L., Muncie.
 CLAUSER, Eldo Horace, Muncie.
 DOWNING, John Frank, Yorktown.
 GLASCOCK, Fred Leib, Muncie.
 GREEN, Earle S., Muncie.
 JUMP, Samuel Gilbert, Selma.
 KILGORE, Franklin Taylor, Daleville.
 KIRKLIN, Byrl Raymond, Muncie.
 McMORRIES, John Howard, Muncie.
 MOLLOY, William John, Muncie.
 QUICK, James Monroe, Muncie.
 REA, Clarence Galliher, Muncie.
 ROBINSON, Michael, Muncie.
 TUCKER, O. Arnold, Daleville.

DU BOIS COUNTY

BRETZ, Waverley Daniel, Huntingburg.
 CASPER, Joseph Francis, Jasper.
 EIFERT, Elmer Ernest, Jasper.
 GARLAND, Joseph Benson, Birds Eye.
 GUGSELL, Andrew Fidelis, Ferdinand.
 McKINNEY, Sherman Logan, Huntingburg.
 SALB, Leo Albert, Jasper.
 STORK, Harvey Kasper, Huntingburg.
 STURM, Eugene Aloysius, Jasper.

ELKHART COUNTY

AMICK, Charles Leonard, Wakarusa.
 BASSLER, Carl Richard, Elkhart.
 ERCHER, Floyd Irwin, Wakarusa.
 ELLIOTT, Lloyd A., Elkhart.
 HETSLER, Orrie Iathas, Elkhart.
 HOOVER, Enos Musser, Elkhart.
 KIRBY, George Wightman, Goshen.
 SIMMONS, Lloyd Hinbaugh, Millersburg.
 TETERS, Melvin Showalter, Millersburg.
 TWOMEY, George Watson, Elkhart.
 WORK, James Anderson, Elkhart.

FAYETTE COUNTY

FLETCHER, Arthur John, Connersville.
 ROSS, Melville, Everton.
 SMELSER, Herman Wayne, Connersville.

FLOYD COUNTY

BRISCOE, Hugh Allen, Silver Hills.
 DAY, George Huff, New Albany.
 FUNK, Austin, New Albany.
 FUNK, Chester Caldwell, New Albany.
 KINBERGER, Albert Glenn, Galena.

FOUNTAIN COUNTY

ALDRIDGE, James Wesley, Covington.
 BECKETT, Clinton George, Attica.
 BOUNELL, Emory Guy, Hillsboro.
 BURLINGTON, J. Roy, Attica.
 CAPLINGER, Theophilus Parvin, Wallace.
 KERR, Alvin Robert, Attica.
 SMAIL, George Walter, Veedersburg.
 STACKHOUSE, Frank, Cates.
 STANFIELD, William Vaughn, Newton.

RUSH COUNTY

METCALF, Henry Carter, Rushville.

FULTON COUNTY

FERRY, Perry Lawson, Akron.
 TAYLOR, Harley Wilbert, Rochester.

*Deceased.

GIBSON COUNTY

CUSHMAN, Robert Arthur, Princeton.
 GIBSON, James Pogue, Owensville.
 GUDGEL, Harry Baldwin, Princeton.
 MARTIN, Walter D., Oakland City.
 RHODES, Amos Harry, Princeton.
 STEPHENS, Olin Clarence, Ft. Branch.

GRANT COUNTY

ALDRICH, Harry, Fairmount.
 BALDWIN, Ashton Morrow, Marion.
 DANIELS, Erle Orville, Marion.
 DAVIS, Albert T., Marion.
 DAVIS, Merrill Stamper, Marion.
 GESSLER, William Francis, Marion.
 KELLY, John Ernest, Nat. Mil. Home Hosp., Marion.
 McQUOWN, Otis, Marion.
 PETERS, Charles Edward, Nat. Mil. Home Hosp., Marion.
 PRIEST, Frank Allen, Marion.
 ROSS, James Clay, Marion.
 SEALE, Joseph P., Fairmount.
 STOUT, Ellis Trent, Upland.

GREENE COUNTY

COOK, Thomas Roy, Bloomfield.
 CRAFT, William Fletcher, Linton.
 CUSTER, Andrew Tennyson, Linton.
 DEEM, Frederick Samuel, Solsberry.
 HADLEY, Alfred W., Jasonville.
 WIER, Joseph Ellmore, Newberry.

HAMILTON COUNTY

BILLS, Le Roy F., Atlanta.
 BLACK, Vinton Green, Fisher.
 COOPER, Rose Alvah, Carmel.
 HAWORTH, George Dewey, Noblesville.
 HOOKE, Sam Wishard, Noblesville.
 JOHNSON, Paul Sheridan, Sheridan.
 KING, Bernard Albert, Cicero.
 THAYER, Joseph Orth, Arcadia.
 THOMPSON, Henry Herbert, Noblesville.
 TUCKER, Frederick Albert, Noblesville.
 YOUNG, Edward Milton, Sheridan.

HANCOCK COUNTY

ALLEN, Joseph Lee, Greenfield.
 ARNOLD, Ralph Nordack, Greenfield.
 BRUNER, Charles Herbert, Greenfield.
 CLAYTON, Samuel D., Maxwell.
 GIBBS, Charles Milo, Greenfield.
 GIBBS, Earl Ray, Wilkinson.
 MACE, Elmer Ellsworth, New Palestine.
 McGAUGHEY, Carl Williamson, Greenfield.
 SISSON, Ernest Roy, Greenfield.
 THOMAS, George Brinton, R.D.4, Greenfield.

HARRISON COUNTY

AMY, William Emery, Corydon.
 FUNKHOUSER, Elmer, Mauckport.
 SMOOTS, Samuel Alvin, New Middleton.
 SONNE, Irving Hamilton, Corydon.
 SUTTER, Charles Culley, Depauw.

HENDRICKS COUNTY

ADER, Jacob, Danville.
 GRIMES, Jay Harold, Danville.
 JONES, Rilus Eastman, Clayton.
 ROYER, Elmo Ray, North Salem.
 STAFFORD, James Clayton, Plainfield.

HENRY COUNTY

ARFORD, Roxford D., Middletown.
 BUTLER, Clyde Clermont, New Castle.
 GORDON, Virgil, Blountsville.
 VANDAMENT, Walter Thomas, Kennard.
 WESTHAFFER, Edson Karl, New Castle.
 WIGGINS, Dulania Seldon, New Castle.

HOWARD COUNTY

ADAMS, Charles Joseph, Kokomo.
 BENNETT, Everett Nathaniel, Kokomo.
 FREEMAN, Elbert Earl, Greentown.
 FRYBARGER, Clarence Edward, Kokomo.
 HARRELL, Martin Earl, Kokomo.
 HENDERSON, Frederick Arthur, Kokomo.
 JOHNSON, Oliver Emanuel, Kokomo.
 LUNG, Bruce Dewitt, Kokomo.
 MARSHALL, George Dexter, Kokomo.
 ORLAR, Arthur L., Russiaville.
 PETERS, Byron Johnson, Kokomo.
 THOMPSON, Burton A., Kokomo.

HUNTINGTON COUNTY

BLACK, Claude Smith, Warren.
 CLOKEY, Mitchell C., Huntington.
 DIPPELL, Emil Theodore, Huntington.
 GALBREATH, Russell Sheridan, Huntington.
 JOHNSTON, Robert Gray, Markle.
 KREBS, Maurice Hill, Huntington.
 SCHULTZ, Edwin William Alexander, Roanoke.
 SMITH, Lucian Willis, Warren.
 WALL, Francis Marion, Warren.

JACKSON COUNTY

CUMMINGS, David Joseph, Brownstown.
 KYTE, Edwin G., Seymour.
 NILES, John Harper, Seymour.

JASPER COUNTY

FYFE, Malcolm Brown, Wheatfield.
 GWIN, Merle D., Rensselaer.
 HEWITT, Homer Spurgeon, De Motte.
 JOHNSON, Cecil Emerson, Rensselaer.
 WASHINGTON, Ira M., Rensselaer.

JAY COUNTY

HELLER, Nelson Leroy, Dunkirk.
 HIATT, Edgar Raymond, Portland.
 JONES, Howard Hiram, Salmonia.
 MARKLEY, Henry William, Redkey.
 MORAN, Mark M., Portland.
 RUPEL, Ernest, Bryant.
 SMITH, Grover Allen, Bryant.

JEFFERSON COUNTY

DAVIS, Ralph Edward, % Southeastern Hosp., Madison.
 DENNY, Fred C., Madison.
 DOW, William Scott, Brookshurg.
 HENNING, Carl, Hanover.

JENNINGS COUNTY

CRAMM, George W., Hayden.
 DAUBENHEYER, Miles Frederick, Butlerville.
 McFARLIN, Charles Colfax, Zenas.

JOHNSON COUNTY

CHENOWETH, Ephriam Bassiel, Nineveh.
 DIXON, Fred Walker, Franklin.
 GOOD, De Witt Rush, Greenwood, R.D.18.
 WILLIAMS, Luke R. V., Whiteland.
 WOODCOCK, Charles Edwin, Whiteland.
 WRIGHT, Walter Waldo, Edinburg.

KNOX COUNTY

ASHLEY, Charles Willard, Bicknell.
 EDWARDS, Edward Tompkins, Vincennes.
 BAKER, Herman Marcus, Oaktown.
 BRYAN, Charles Samuel, Vincennes.
 DEES, Henry Edgar, Bicknell.
 JOHNSON, Morris Hale Claybourne, Vincennes.
 McCORMICK, Hubert Donald, Vincennes.
 McCOY, James Norman, Vincennes.
 PEA, Everett Herbert, Fifth and Main Sts., Vincennes.
 REESE, Forrest Leslie, Bicknell.
 SMALL, Emory Frank, Decker.
 STALEY, Thomas Mason, Bicknell.

KOSCIUSKO COUNTY

ANGLIN, George Washington, Warsaw.
 CRIPLE, Earl J., Atwood.
 DRULEY, Garner Nicholas, North Webster.
 DU BOIS, Charles Clifford, Warsaw.
 FERMIER, Pierre Gerold, Leesburg.
 GARBER, Paul A., Sidney.
 HANSEN, Oscar A., Claypool.
 HOWARD, Charles Norman, Warsaw.
 HOY, Clifford Ray, Syracuse.
 LANDIS, William Carl, Claypool.
 MURPHY, Samuel Casper, Warsaw.
 REYNOLDS, Norman L., Warsaw.
 RICHER, Orville Heber, Warsaw.
 TAYLOR, George Carr, Claypool.
 TRUELOVE, August Omer, Warsaw.
 YOUNG, Forrest Johnstown, Milford.

LA GRANGE COUNTY

HUNN, Maro Fredd, Shipshewana.
 ROZELLE, Carlos C., La Grange.

LAKE COUNTY

BIGGER, William Martin, Hammond.
 BOARDMAN, Carl, 630 Buchanan St., Gary.
 CHEVIGNY, Julius, Hammond.
 CHIDLAW, Benjamin Walter, Hammond.
 DEWEY, Edward Lucian, Whiting.
 ERNST, Helmut Christ William, East Chicago.
 FOX, Francis Harry, 23 Mason St., Hammond.
 GRAHAM, Joseph Allen, 53 Munich Court, Hammond.
 GREENLEAF, George Frank, Hammond.
 HAMILTON, Robert Crow, % Inland Steel Co., Indiana Harbor.
 HOSMER, Harry Marion, 522 Broadway, Gary.
 HOWAT, William Frederick, 832 Hohman St., Hammond.
 IDINGS, John Warren, Lowell.
 JARCZ, Walter John, 4929 Magoun, E. Chicago.
 KING, Edward Payson, 800 Mass. St., Gary.
 LAMBERT, Samuel Earl, American Steel & Tin Plate Co., Gary.
 LEVIN, Eli, 3411 Grapevine St., Indiana Harbor.
 LLOYD, Aljah Wright, 1200 South Hohman St., Hammond.
 McGUIRE, Deamond Francis, 3602 First St., Indiana Harbor.
 McMICHAEL, Frank J., Gary.
 MACKEY, Colonel Gleason, Whiting.
 MACKEY, Dwight, Hobart.
 MATUSKEH, William A., Hammond.
 MELTON, Orris Oliver, 135 Webb St., Hammond.
 MERVIS, Frank Henry, 3420 N. Michigan Ave., Indiana Harbor.
 METCALF, John Eugene, 645 Van Buren St., Gary.
 MIKESCH, William Henry, Hammond.
 NEWTON, Edward Kellam, Whiting.
 NICHOLS, William Edward, 697 Calumet Ave., Hammond.
 PROVOST, Benjamin Walter, 670 Adams St., Gary.
 SPEAR, Robert, East Chicago.
 TOWNSLEY, Frank Livingstone, East Chicago.
 WATTS, Albert August, Gary.
 WHITE, Hugh James, Hammond.
 YOUNG, Alva Andrew, Hammond.

LA PORTE COUNTY

ANDERSON, George Herman, La Porte.
 BOWERS, John Whitefield, 614 Franklin St., Michigan City.
 GILMORE, Russell Adams, Michigan City.
 HARMON, Merle Simpson, 506 Detroit St., La Porte.
 KERRIGAN, Vincent John, Michigan City.
 LEEDS, Arthur Lell, Michigan City.
 NELSON, Edwin George, La Porte.
 OSBORN, George Robert, La Porte.
 PINKERTON, Forrest Joy, Westville.
 ROSS, Wilbur Wesley, La Porte.
 THOMPSON, Harry John, La Porte.
 WEBSTER, Ben, Kingsbury.
 WILCON, Franklin Trumbull, La Porte.

LAWRENCE COUNTY

GIBBONS, George Lee, Mitchell.
 KERN, Frank Weaver, Heltonville.
 McFARLIN, John Thomas, Williams.
 NORMAN, Olin Bertram, Bedford.

MADISON COUNTY

ARMINGTON, John Charles, 401-403 Union Bldg., Anderson.
 ARMSTRONG, Paul, Alexandria.
 AUSTIN, Maynard A., R.D.11, Anderson.
 BROCK, Earl Ernst, 1016 Chase St., Anderson.
 COLLINS, Albert Welker, Anderson.
 FATTIG, John Bartow, 315 Union Bldg., Anderson.
 GANTE, Henry Washington, 1526 Nichol Ave., Anderson.
 HOCKETT, George H., Anderson.
 HUNT, Leo F., Anderson.
 JONES, Thomas Monroe, Anderson.
 KIMBLE, Fred Albert, Anderson.
 KELLER, Frank J., Alexander.
 McWILLIAMS, Oscar Eugene, Anderson.
 MILEY, Weir Mitchell, Anderson.
 MOBLEY, Lewis Franklin, Summitville.
 MOORE, Will Carlston, Summitville.
 O'NEILL, Thomas Joseph, Anderson.
 OVERSHINER, Lyman, Summitville.
 SHERWALTER, George Milton, Elwood.
 STODDARD, James McCann, Anderson.
 TRACT, Julius Ross, Anderson.

MARION COUNTY

INDIANAPOLIS:

ADAMS, Donald Stansbury, 138 E. 16th St.
 ALLEN, Horace Russell, 19th and Illinois Sts.
 AUBLE, Clarence Sears, 1061 Cottage Ave.
 BARCUS, Clarence Earl, 505 N. Noble St.
 BAYER, Charles Fred, 408 Pennway Bldg.
 BEAVER, Thurman Ross, 617 E. 19th St.
 BEELER, Raymond Cole, 712 Hume-Mansur Bldg.
 BOWMAN, George Washington, 440 Newton Claypool Bldg.
 BRAUCHLA, Henry Carl, 327 W. 39th St.
 BRAYTON, Frank Alembert, 330 Newton Claypool Bldg.
 BROWN, Benjamin Abner, 3207 East 7th St.
 BROWN, Edward Augustus, 1519 Pleasant St.
 BROWN, Karl Trueblood, 651 32d St.
 BUEHLER, Eugene.
 CAMPBELL, Clayton C., 20 Johnson Ave.
 CARAWAY, Samuel Handy, 1810 Montcalm St.
 CARMACK, John Walter, 940 Eriptour Ave.
 CARTER, James Charles, 508 Hume-Mansur Bldg.
 CLARK, Edmund Dougan, 1323 N. New Jersey St.
 COBLE, Paul Barnett, 408 Pennway Bldg.
 COOK, Charles Jacob, 958 E. Washington St.
 COTINGHAM, Charles E.
 COX, Homer Wickliffe, 2308 Newland Ave.
 DANIEL, John Culton, Indianapolis City Hospital.
 DAY, John Thomas, 3117 N. Meridian St.
 DEITCH, Oscar Solomon, 20 Bloomington St.
 De VANEY, Mitchell O., 3970 Broadway.
 DOEPPERS, William August, St. Vincent's Hospital.
 DUBOIS, Edward Julian, 238 E. 10th St.
 DUNCAN, Cecil E.
 DUNNING, Lehman M., 1545 Roosevelt Ave.
 EASTMAN, Joseph Rilus, 331 N. Delaware St.
 EBERWEIN, John Henry, 209 E. 33d St.
 EDWARDS, Scott Robert, St. Vincent's Hospital.
 EGART, Stephen Lawrence, 1066 Virginia Ave.
 ENSMINGER, Leonard Austin, 614 Hume-Mansur Bldg.
 GEORGE, William Elmer, 212 Pennway Bldg.
 GIBBS, William Walden, 450 W. Senate Ave.
 GICK, Herman Henry, 2705 E. Michigan St.
 GIVEN, Walter S., 401 N. Arsenal Ave.
 GLENDENING, John Lincoln.
 GRAHAM, Alois Bachman, 1735 N. Illinois St.
 GUEDEL, Arthur Ernest, 902 N. Capitol Ave.
 GUTHRIE, George Louis, 17 The Blachern Apts.
 GUTELIUS, Charles B., Indianapolis.

HABICK, Carl, 26 W. 16th St.
 HARE, Earl Hamelton.
 HENDRICKS, Rollin Guy, 2230 N. Delaware St.
 HICKMAN, Walter Frederick, 834 Marion Ave.
 HICKS, Louis Calvin, R.D. E, Box 160.
 HICKSON, Fred Earl.
 HODGES, Fletcher, 3222 N. Pennsylvania St.
 HOLMES, Claude Du V., II, 403 Bevell St.
 HOLT, Earl Kendall, 1101 S. Market St.
 HON, Amzi Wolfe, 4131 College Ave.
 HOSMAN, Fred Leo, 941 N. Beville Ave.
 HUMES, Charles Delph, 1820 E. 4th St.
 HURT, Paul Thomas, 514 Hume-Mansur Bldg.
 HUTCHINS, Frank Frazier, 507 N. Delaware St.
 IRWIN, Henry Wilbur, 1050 W. 27th St.
 JACKSON, Frederick Ellsworth, 106 N. Senate Ave.
 JACKSON, Gustavius Brown, 310 Pennway Bldg.
 JOHNSON, Wm. Franklin, 710 Hume-Mansur Bldg.
 JONES, Charles Harold, 766 King Ave.
 JONES, Clarence Kenneth, 226 Newton Claypool Bldg.
 KEENE, Thomas Boone V., 1327 Park Ave.
 KEISER, Venice Duncan, 2946 Kenwood Ave.
 KENNEDY, Bernays, 1030 N. Penn St.
 KIME, Edwin N., 1341 W. Michigan St.
 KISER, Edgar Fayette, 2118 N. New Jersey St.
 LA BONTÉ, Napoleon, 1049 Harlan St.
 LARKIN, Bernard John, 514 Hume-Mansur Bldg.
 LEAK, Samuel Oliver, 1761 W. Morris St.
 LEMMON, Harry Jacob, Central Indiana Hospital.
 LICHT, Mason Blaine, 6152 College Ave.
 LOCHRY, Ralph Landis, City Hospital.
 LUDWIG, Oscar Dennon, R.D. E 1, Box 492.
 McCOOL, John Franklin, 3333 W. Michigan St.
 McCULLOCH, Carleton Buel, 1135 State Life Bldg.
 MacDONALD, John Alexander, 3227 N. Pennsylvania St.
 McELROY, Jesse Leroy, 614 Hume-Mansur Bldg.
 McGAUGHEY, Samuel, 5187 E. Washington St.
 MARSH, Chester Adam, 335 N. California St.
 MARTIN, John Albert, 108 E. Pratt St.
 MARTIN, Paul Frederic, Hume-Mansur Bldg.
 MAXWELL, Leslie Howe, 710 West Drive.
 MAYFIELD, Clifford Hill, 3034 Bellefontaine St.
 MILLER, Donald Lee, 1349 Resoner St.
 MILLIKEN, Robert A., 1470 N. Penna. St.
 MITCHELL, Harold Hubert, Indiana State Board of Health.
 MOORE, Robert Martin, 521 Hume-Mansur Bldg.
 MUMFORD, Eugene Bishop, 408 Hume-Mansur Bldg.
 NEWCOMB, John Ray, 408 Hume-Mansur Bldg.
 NIMAL, Harold D.
 ORDERS, Clark Elsworth, 836 W. 30th St.
 OTTINGER, Ross Clement, 38 W. 42d St.
 PAGE, Lafayette, 603 Hume-Mansur Bldg.
 PATTON, Martin T.
 PEBWORTH, Aubrey Carrington, 1228 Reisner St.
 PENDLETON, George H., 19 W. 22d St.
 PETTIJOHN, Blanchard Beecher, 3050 Washington Blvd.
 POTTER, Frederick Clyde, Central Indiana Hospital.
 QUIMBY, Smith Alonzo, Methodist Hospital.
 REPASS, Robert Eldon, 150 W. Maple Road.
 REISLER, Simon.
 REYNOLDS, D. Monroe, 3945 Park Ave.
 RICKETTS, Joseph Warren, 3142 Ruckle St.
 ROYSTER, William Luther.
 SHARP, Harry Clay, Hotel Washington.
 SHIMP, Harry Albert, 3712 E. 32d St.
 SHIPP, Floyd Nicholson, 1350 Roach St.
 SLUSS, John William, 227 Newton Claypool Bldg.
 SMITH, James Madison, 3026 E. 10th St.
 SMITH, Roy Lee, Methodist Hospital.
 SMITH, Troy, 225 W. 12th St.
 SOLOMON, Reuben Albert, 633 Union St.
 SOMMER, Edgar Frank, 2538 Talbot St.
 SOWDER, Charles Robert, 2144 College Ave.
 STAFFORD, Lindley Hastings.
 STERN, Nathan, 707 East 13th St.
 STOKES, Frederick Alexander, 132 S. Arlington Ave.
 STORMS, Roy Basil, Denison Hotel.
 STOUT, Walter Moses, 106 N. Senate Ave.
 STRICKLAND, Clarence Raymond.
 SULLIVAN, Thomas L., 503 N. Capitol Ave.
 SWEET, Ralph Lincoln, Methodist Hosp.
 TERRELL, Beecher Johnson, 5656 E. Washington St.
 THOMAS, Ray Henry, 1106½ W. 30th St.
 TITUS, Elton L., 1131 Jefferson Ave.
 TRUITT, Frank L.
 ULLRICH, Arlie John, Robt. W. Long Hospital.
 UNDERWOOD, Charles A., 201 W. 29th St.
 VAN OSDOL, Harry Allen, 510 E. 31st St.

WALES, Ernest de Wolfe, 1236 N. Penna. St.
 WALKER, Frank Columbia, 414 Hume-Mansur Bldg.
 WALKER, Harrison A., City Hospital.
 WARFEL, Frederick Charles, Newton Clapool Bldg.
 WAYMAN, Cecil Lafatette, R.D. C-1, Box 181.
 WEYERBACKER, Arthur Ford, 663 E. 27th St.
 WHEELER, John Tipton, 2205 N. Alabama St.
 WHEELER, Homer Henderson, 5058 N. Illinois St.
 WILLAN, Horace Raymond, Joseph Eastman Hospital.
 WILLIS, Edward Augustus, 4140 Graceland Ave.
 WILSON, Arthur Henry, 921 N. West St.
 WINTER, Emil Gustave, 1410 Harlowe Ave.
 WISE, William, City Hospital.
 WOODS, Charles Edwin, 716 Virginia Ave.
 ELLERS, Charles Raymond, New Augusta, R.D.2.
 GARDNER, Fletcher, Bloomington.
 HATCH, Harold Simon, Oaklondon.
 HOLLAND, George F., Bloomington.
 McCASKEY, George Hadden, West Newton.
 RATLIFF, Luther H., Lawrence.
 YOUNG, James Byron, Cumberland.

MARSHALL COUNTY

BENNETT, Oliver Carlisle, Culver.
 DENISON, Raymond Chase, Bremen.
 KELLY, Frank Hetherington, Argos.
 KNOTT, Harry, Plymouth.
 MARSHALL, George Lyman, Bourbon.
 PRESTON, H. Paul, Plymouth.
 SCHILT, Theodore Scott, Bremen.
 TALLMAN, Homer Hinton, Culver.
 THOMPSON, Alfred Andrew, Tyner.

MARTIN COUNTY

PAIMEIER, John William, Indian Springs.

MIAMI COUNTY

BROOKIE, Roger William N., Converse.
 ELLARS, Larren Ray, Peru.
 LINE, Homer Earl, Chili.
 LYNCH, Otto Rees, Peru.
 McDOWELL, Marvin Alford, Peru.
 MOSS, William Claude, Bunker Hill.
 NEWELL, George Warren, Peru.
 VAN MATER, George C., Peru.
 WAGNER, Martin Luther, Peru.
 WAYMERE, Elbert Shirk, Denver.

MONROE COUNTY

AKIN, R. A., Bloomington.
 BONE, Merle, Kelliner.
 CULMER, Walter Norman, Bloomington.
 HARRIS, Walter William, Ellettsville.
 HOLLAND, James Edwin Parker, Bloomington.
 MORRIS, Charles Francis, Anderson.
 MOSER, Joseph Ellsworth, Bloomington.
 MYERS, Glen Edwin, Bloomington.
 ROGERS, Robert Campbell, Bloomington.
 SMITH, Rodney Durkee, Bloomington.
 WHITSELL, Leon Edward, Bloomington.

MONTGOMERY COUNTY

BALL, Thomas Zopher, Waveland.
 BOUNNELL, Harry Matthew, Waynestown.
 CARY, Nathaniel Austin, Crawfordsville.
 HOWARD, Chester Warren, R.D.8, Crawfordsville.
 POLLOM, Robert Roy, Darlington.
 ROARK, Charles A., Waynestown.
 RHEA, James O'Dell, Linden.
 RILEY, Francis Hiatt, Linnsburg.
 SCHENCK, Faye O., Crawfordsville.
 WILLIAMS, George Thomas, Crawfordsville.
 WILLIAMS, Harry D., Crawfordsville.

MORGAN COUNTY

BEELOVE, George Dales, 260 N. Sycamore St., Martinsville.
 BRACKNEY, Millard Fillmore, Mooresville.
 COOK, George Manford, Mooresville.
 DAGGY, Benjamin Thomas, Mooresville.
 MAXWELL, Frank Robert, Martinsville.
 ROBINSON, Frank C., Martinsville.

NEWTON COUNTY

KEMP, Rupert Stanley, Kentland.
 LARRISON, Glen David, Brook.
 VAN KIRK, George H., Kentland.

NOBLE COUNTY

HURSEY, Virgil Garfield, Cromwell.
 JOHNSTON, Donald Dunne, Kendallville.

ORANGE COUNTY

BOYD, Clarence Elbert, West Baden.
 DILLINGER, Joseph Rodolphus, French Lick.
 LINGLE, Samuel L., Paoli.
 MILLER, Henderson, Lafayette.
 ROGERS, Lynn, French Lick.
 TEAFORD, Schuyler Ferree, Paoli.

OWEN COUNTY

HAZEL, James Tuley, Freedom.
 McQUEEN, William, Quincy.
 RICHARDS, Renos, Patricksburg.

PARKE COUNTY

BENNET, Pearl Roy, Bridgeton.
 BLOOMER, Joseph R., Rockville.
 CONNELLY, John Julian, Rockville.
 ISAACS, Hubert Harrison, Tangier.
 NEWHOUSE, Omer Atheston, Montezuma.
 PRICE, Grover Carlisle, Judson.
 STEVENS, Clark Jay, Rockville.
 SWAYNE, Jap. F., Mecca.
 SWOPE, Raymond Earl, Rockville.
 WHITE, C. Samuel, Rosedale.

PERRY COUNTY

COULTAS, Porter Jasper, Bristow.
 JAMES, Nicholas August, Tell City.
 MITCHELL, Eugene Wallace, Cannelton.
 WILLIAMS, Fred Nathaniel, Tell City.

PIKE COUNTY

BELL, Daniel Webster, Otwell.
 BYERS, Oliver Augustus, Petersburg.
 CLARK, Sylvanus Richard, Petersburg.
 DE TAR, George Bouldin, Winslow.
 IMEL, Edward Stanton, Petersburg.

PORTER COUNTY

BLOUNT, Robley Duglison, Valparaiso.
 DITTMER, Samuel Edward, Kouts.
 EVANS, Horace Martin, Valparaiso.
 POWELL, Carlton, Lafayette.
 GOWLAND, Harry Edmund, Valparaiso.
 KLEMMAN, Francis, Hebron.
 TITUS, John Macy, Hebron.
 TORELL, Gerhard John, Chesterton.
 WILLETT, Irvingham Henry, Valparaiso.
 YOUNG, Simon Jonathan, Valparaiso.

POSEY COUNTY

FITZGERALD, Kelley Charles, New Harmony.
 PARMENTER, George Henry, Stewartsville.
 WILSON, George Wheeler, Mt. Vernon.

PULASKI COUNTY

COLLINS, Leonard Philip, Winamac.
 JOHNSTON, Edward Still, Star City.
 KUPKE, Edward Henry W., Francesville, R.D.5.

PUTNAM COUNTY

COLLINS, Clement C., Roachdale.
 GILLESPIE, Joseph Franklin, Greencastle.
 LEMMON, Brant Elmer, Greencastle.
 REED, David Emanuel, Russellville.

RANDOLPH COUNTY

BRENNER, Iron Ernest, Winchester.
 MARTIN, Charles Earl, Carlos.
 REID, Robert William, Union City.
 ROBINSON, John Stanley, Winchester.
 RUBY, Fred McKemy, Union City.
 WALLACE, John Manfield, Ridgeville.
 VORSENET, Raymond Austin, Union City.
 WELBOURN, Marshall A., Union City.
 ZELLER, Frank Arthur, Union City.
 ZELLER, Ward Clifton, Union City.

RIPLEY COUNTY

BUTTS, Hubert Perry, Piercerville.
 COOMES, M. Joseph, Versailles.
 COX, Lafayette Thomas, Napoleon.
 RYAN, Charles David, Cross Plains.
 SAMMS, Malcolm Layle, Batesville.
 WHITLATCH, Irving Alcedo, Milan.

RUSH COUNTY

COLEMAN, William Stoops, Rushville.
 FINLAW, Fred Herman, Arlington.
 GREEN, Frank Hayes, Rushville.
 GREEN, Lowell McKee, Rushville.
 HOUGHLAND, Charles Stewart, Milroy.
 INLOW, William De Prez, Manilla.
 OSBORNE, Harry S., Glenwood.
 TUCKER, Carroll J., Rushville.

ST. JOSEPH COUNTY

SOUTH BEND:

BARBER, Albert Edward, 112 W. Jefferson Blvd.
 BOSENBURY, Charles Searles, 1055 Woodward Ave.
 BOYD-SNEE, Harry.
 CLAPP, Fred Raymond, 115 E. South St.
 CLARK, Stanley A.
 COOPER, Harry Lingord, 232 Lincoln Way East.
 CROW, Harry Malancthon.
 DEHEY, Thomas James, 207 South Scott St.
 GORDON, Joshua Mandel, 235 S. Michigan St.
 HICKMAN, John Samuel, 733 W. La Salle St.
 KNAPP, Arthur Le Roy, 2111 Mishawaka Ave.
 LENT, Edwin J.
 McMEEL, James Eugene.
 MILLER, Hugh Munro, 122 W. Lafayette Blvd.
 PANEK, Adam Francis, 1303½ W. Wash. Ave.
 SENSENICH, Roscoe Lloyd, 730 W. Wash Ave.
 SHANKLIN, Robert Clarence, 122 W. Lafayette Blvd.
 TRAVER, Perry C., 1010 Riverside Drive.
 WHITEHILL, John Emerson, 1522 Miami St.
 WILSON, James Lee, 412 Lamonte Terrace.
 BOSTWICK, James Grimes, Mishawaka.
 DRESCH, Christian Albert, Mishawaka.
 KUHN, Leslie Ambrose, Wyatt.
 SEYMOUR, Theodore Frederick, Mishawaka.
 SPRAGUE, John S., North Liberty.
 STOECKINGER, Joseph A., Mishawaka, R.D.2.
 WYLAND, Byron Jay, Mishawaka.

SCOTT COUNTY

MATTHEWS, Charles Brookey, Lexington.

SHELBY COUNTY

COULSON, Sewell Briggs, Waldron.
 COX, Harold Baily, Morristown.
 FISHER, Wm. Thomas, Shelbyville.
 McDONALD, Oral Holmes, London.
 PATTEN, Vernon Cole, Morristown.
 WALTERMIRE, Tell, Shelbyville.
 WILTSHIRE, Roland Aubrey, Morristown.

SPENCER COUNTY

BREDENKOFF, Christian John, Grand View.
 BRINKMAN, Waldo Frederick, Lamar.
 EHRMAN, Calder De Bruler, Rockport.
 GLACKMAN, John Clay, Hatfield.
 McCLARY, Daniel Voorhees, Dale.
 MEDCALF, Norman Lloyd, Lamar.
 THOMPSON, Arch Burl, Lake.
 WEISS, Henry George, Rockport.

STARKE COUNTY

BELL, Harry Lee, Knox.
 ENGLERTH, Perry Oliver, North Judson.

STEUBEN COUNTY

BLOSSER, Elaine Andrew, Fremont.
 CAMERON, Angus Laverne, Hamilton.
 CUNNINGHAM, Harley Layton, Ashley.
 DARNELLE, Terence Edward, Ashley.
 ELSTON, Lynn W., Angola.
 HUMPHREYS, Frank Blair, Angola.
 LANE, William Henry, Angola.
 *RANSOM, Glen Dowey, Hamilton.
 De SOMOSKEOY, Victor Henry, Flint.

SULLIVAN COUNTY

ASBURY, Claude William, Hymera.
 FREEMAN, Joseph Mervin, Sullivan.
 HIGBEE, Paul, Sullivan.
 MAPLE, James Brien, Shelburn.
 ODELL, Harry Clay, Farmersburg.
 THOMPSON, Walter Nixon, Sullivan.

SWITZERLAND COUNTY

HALL, Wesley Marion, East Eneterprise.

TIPPECANOE COUNTY

LAFAYETTE:

ARNETT, Aret C.
BROOKWAY, Charles J.
PEARLMAN, Samuel, 119 N. 6th St.
GRIEST, Oliver Edward, 1606 South St.
HANNELL, Roy Vermont, 1801 Charles St.
HUNTER, Frank Park, 426 Perrin Ave.
LAWS, Harry John, 121 N. 6th St.
LEE, George Winlocke, Ind. State Soldiers' Home.
McCLELLAND, Don G.
PYKE, Furman Leaming.
RUSCHLI, Edward Barnard, 720 Central Ave.
SHAFER, John Walter.
SCHREIBER, Adam Wm., 1142 State St.
SWEZEY, Harry Newton, 608 Columbia St.
VAN REED, Earl.
CLAPPER, Manford Marion, 237 Sheets St., W. Lafayette.
CROCKETT, Frank S., 435 State St., W. Lafayette.
DAVISSON, Carl Vinton, 430 Littleton St., W. Lafayette.
McCABE, James Earl, Buck Creek.
McCAY, Ora Lee, Romney.
MORGAN, Aldine Emmet, Indiana State Soldiers' Home.
ROWLAND, Calvin Luther, West Point.
WAGONER, Robert Henry, Colburn.

TIPTON COUNTY

CHANCE, Bert Vivian, Windfall.
DUNHAM, Wilbur Franklin, Kempton.
GIFFORD, Henson Smiley, Tipton.
LEESON, Ernest Edward, Sharpville.
MOZINGO, Arvine Earl, Tipton.
REAGAN, Rinley Murray, Tipton.
RECOBS, Milton, Tipton.

VANDEBURG COUNTY

EVANSVILLE:

BARNES, William Emerson, 702 E. Columbia St.
BEMBRY, Henry Clinton, 921½ S. Governor St.
BRETZ, Ross Bradley.
CODY, Burtis L., 816 Indiana St.
COX, Joseph Burnside, 7 Cumberland Ave.
DAVIDSON, William Ruston, 712 Upper 4th St.
DYER, Wallace Curtis, 207 Intermediate Bldg.
EHRICH, William Seegman, 429 Ravenswood Ave.
FOLSOM, Ephraim Melvin, 1224 Chandler Ave.
FRICK, Herman Christian, 219 Wash. Ave.
HEWINS, Warren Wilburn.
HUBER, John George, 1617 Fulton Ave.*
HURST, Wilbur Randolph.
JACKSON, Jeremiab, 29 Mitchell St.
JOHNSON, Gardner Charles, 1208 Washington Ave.
LAUBSCHER, Samuel Rudolph, R.D.6.
LYNCH, Paul Vernon, Evansville.
PHILLIPS, William Ottawa, Box 218.
NEARY, Bernard Joseph, U. S. Marine Hospital.
RICHTSTEIN, Edward John, 19 East Indiana St.
ROBERTS, Fowler Burdette, 606 Taylor Ave.
ROSE, Benoni Stinson, 24 E. Penn St.
THOMPSON, Howard Randall, 420 Chestnut St.
WALDEN, Reavill Millard, Fulton Ave.
WHITTLEGE, Herbert Edwin.
WILLIS, Joseph Herhert, 1327 Gum St.

VERMILION COUNTY

BEELEER, Frank McHarry, Clinton.
CASEBEER, Ithimer Maxwell, Newport.
GREEN, Silva Irve, St. Bernice.
MYERS, William Cleveland, Dana.
SAUNDERS, Jones Lindsey, Newport.
STRONG, Daniel Sanford, Dana.
WARMAN, Alvah Preston, Clinton.

VIGO COUNTY

TERRE HAUTE:

ALEXANDER, Oliver Ostrom, Rose Dispensary Bldg.
BAKER, Elhert, 515 S. 8th St.
BARBAZETTE, Leon Francis, 2101 S. Center St.
BOHN, Julius Charles.
BREAKS, Lutber Zwingle, 402 Tribune Bldg.
BURNSIDE, Lyman Ambrose, 621 Poplar St.
CAFFEE, Amos Henry.
CASEY, Ott, 831½ Wabash Ave.

COMBS, Charles Nathan.
COMBS, Malachi Richardson, 15 Swope Block.
CONGLETON, George Curtis, 12th and Wahash Ave.
FINK, Otto Ellsworth.
FORTUNE, James Lyle, 349 S. 13th St.
FREED, John Elias, 1840 N. 9th St.
FRISZ, Joseph A., 301 N. 13th St.
GEKLER, Walter Albert, 128 S. 6th St.
GILLUM, John Randolph, 128 S. 6th St.
HAUCK, Joseph Henry.
HEWITT, John Heath, 333 S. 5th St.
JOHNSON, George Thompson.
JUMPER, Carl Everette.
KUTCH, Melcherd Helmer, 200 Rea Bldg.
LUCKETT, Coen L., McKee Bldg.
PIERCE, Harold Jesse, 1514 S. 6th St.
RICE, Spencer Marcus, 644 Oak St.
SHAFFER, James Samuel, 2200 3d Ave.
SHORES, Earl Martin, Union Hospital.
SPIGLER, Otto Hansom.
STUNKARD, Thomas Cromwell, Demining Bldg.
TABOR, Frank August.
WEINSTEIN, Joseph Hamilton.
WEIR, Edward Andrew, 2520 Garfield Ave.
YUNG, Julius Rudolph.
DANNER, Rufus Joel, West Terre Haute.
Du PUY, Charles Meredith, Riley.
NEWLIN, Edgar Oriel, Fentanet.

WABASH COUNTY

DOMER, Walter Amazin, Wabash.
FISHER, Marvin Floyd, La Fontaine.
HIGGINS, Jess Braxton, La Fontaine.
JEWETT, Lawrence Emmett, Wabash.
OHMART, Walter A., North Manchester.
SHOLTY, Lloyd Otterbein, Wabash.
WALKER, James Lynn, La Fontaine.
WHISLER, Frederick Meredith, Wabash.

WARREN COUNTY

BOLLING, Louis Austin, Kramer.
DALE, Harry Wilford, West Lebanon.
JOHNSON, Earl Emerson, West Lebanon.
LITTLE, Edward Orton, Kramer.
MacGILLIVRAY, Duffield D., Pine Village.
SCHULTZ, Archie Francis, Pine Village.

WARRICK COUNTY

MAGERHEIMER, Edgar Franklin, Chandler.
MUNNS, Clyde Jacob, Newburgh.
RARBOURN, Richard Lorenzo, Lynnvile.
ROBINSON, Walter Philip, Booneville.
SAMPLES, John Tilden, Booneville.
SPRADLEY, Lewis Galen, Tennyson.
WILSON, Uthie Ray, Lynnvile, R.D.3.

WASHINGTON COUNTY

BIERACH, Jules Lewis, Salem.
HUCKLEBERRY, Irvin Eugene, Salem.
PAYNTER, Claude Burton, Salem.

WAYNE COUNTY

BRAMKAMP, Allan Lewis, Richmond.
BULLA, Mora Simon, Richmond.
CHURCHILL, Edwin Ross, Richmond.
CRAIG, Joseph Sherman, Easthaven.
DARROW, Frederick Lynn, Easthaven.
FOOTS, John Milton, 48 S. 7th St., Richmond.
GOVAN, Thomas Penall, 219 N. 13th St., Richmond.
GREEN, Lee Marcus, Eastbaven, Richmond.
GRIFFIS, Vierl Clair, Williamsburg.
GROSVENOR, Julius Johnston, Richmond.
HUNT, George Bean, 201 N. 7th St., Richmond.
LOOP, Auhrey Leighton, Economy.
MARKLEY, Stephen Charles, 34 S. 7th St., Richmond.
MISENER, Walter Leroy, 205 N. 10th St., Richmond.
PIERCE, Rolle Joseph, Richmond.
SMELSER, Solomon Garfield, 38 S. 7th St., Richmond.
SQUIER, William Cullem, Milton.
WHALLON, Arthur James, 298 10th St., Richmond.

WELLS COUNTY

DICKASON, Francis Marion, Bluffton.
FRAZIER, Chester North, Bluffton.
HARRIS, Byrum Wright, Uniondale.
McBRIDE, James Lowry, Danesville.

MEAD, Clarence Harvard, Bluffton.
 METTS, Fred Arlington, Bluffton.
 MORRIS, George Burr, Petroleum.
 MURRAY, Ralph V., Zanesville.
 REDDING, John Leslie, Bluffton.
 SOMERS, Law Resking, Craigville.

WHITE COUNTY

CLAYTON, George Raymond, Monon.
 COFFIN, Guy Rupert, Monticello.
 COYNER, Alfred Bruce, Chalmers.
 McBETH, Walter, Burnette Creek.
 PAUL, Benjamin Delos, Brookston.
 RARIDEN, Lawrence B., Brookston.
 WILLIAMS, Alfred Carson, Reynolds.

WHITLEY COUNTY

EBERHARD, Fred G., South Whitley.
 HART, Bruce David, South Whitley.

SOCIETY PROCEEDINGS

EIGHTH DISTRICT MEDICAL SOCIETY

The annual meeting of the Eighth Indiana District Medical Society was held in the Muncie Y. M. C. A. Building, Thursday, October 17, and was called to order at 10 a. m. by President C. Melvin Mix. The minutes of the 1917 meeting were read and approved.

A communication from Capt. M. A. Austin, sick in the base hospital at Camp Custer, was read, and the Society ordered the secretary to write a note to Dr. Austin expressing its sympathy.

The term of office of G. W. H. Kemper, Councilor, expires Dec. 31, 1918. He was unanimously reelected for another term.

The president appointed a nominating committee composed of Swartz of Jay, Hall of Madison, Sexauer of Blackford, Botkin of Randolph, and Bernard of Delaware.

The first address of the day was by Dr. Frank G. Jackson on "Infections of the Hand." Dr. Jackson has served as factory surgeon for many years and his illustrated address was one of the most valuable ever heard at our District meeting. The subject was discussed by Drs. Schmauss, Plough and Mix. Dr. O. E. Spurgeon read a paper on "Alopecia Simplex," bringing out some original theories which none of the bald heads present could positively deny. The paper was discussed by Drs. Hollis, Kemper and Schmauss.

The noon-time dinner was served in the Y. M. C. A. cafeteria.

Meeting again called to order at 2 p. m. The nominating committee submitted for president, Dr. L. F. Schmauss of Alexandria; vice president, Dr. M. T. Jay of Portland; secretary-treasurer, Dr. H. D. Fair of Muncie (reelected). The nominees were all elected.

The main address of the afternoon was made by Capt. T. Staton, M.D., of Toronto, surgeon in the Canadian Expeditionary Forces, who told of his three years' experience on the battle front. The talk was moderate, rational, every sentence impregnated with earnestness and suppressed emotion that thrilled and thoroughly convinced his hearers of the awfulness of this terrible conflict.

After extending a vote of thanks to the speaker, the Society adjourned to meet in Muncie, Oct. 16, 1919.

H. D. FAIR, Secretary.

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

SOLARGENTUM-SQUIBB.—A compound of silver and gelatin containing from 19 to 23 per cent. of silver in colloidal form. It is used in solutions containing from 1 to 25 per cent. or more. It is also used in the form of bougies or suppositories. No precipitate is produced when sodium chlorid or albumin solutions are added to solutions of solargentum-Squibb. E. R. Squibb and Sons, New York (*Jour. A. M. A.*, Oct. 12, 1918, p. 1219).

BENZYL ALCOHOL.—Phenmethylo. — An aromatic alcohol occurring as an ester in tolu and other balsams, and produced synthetically. It is being used as a local anesthetic by injection and by application to mucous membrane. It is said to be practically non-irritant and nontoxic in the ordinary concentration and dosage. From 1 to 4 per cent. solutions in physiological sodium chloride solution are commonly used for injection anesthesia.

PHENMETHYLO.—A nonproprietary brand of benzyl alcohol complying with the tests and standards for benzyl alcohol. Hynson, Westcott and Dunning, Baltimore, Md.

PHENMETHYLO AMPULES, 1 PER CENT.-H. W. AND D.—Each ampule contains 5 Cc. of a sterile solution of phenmethylo H. W. and D. 1 Gm. in physiological sodium chloride solution 99 Gm. Hynson, Westcott and Dunning, Baltimore, Md.

PHENMETHYLO AMPULES, 2 PER CENT.-H. W. AND D.—Each ampule contains 5 Cc. of a 2 per cent. solution of phenmethylo H. W. and D. in physiological sodium chloride solution. Hynson, Westcott and Dunning, Baltimore, Md.

PHENMETHYLO AMPULES, 4 PER CENT.-H. W. AND D.—Each ampule contains 5 Cc. of a 4 per cent. solution of phenmethylo H. W. and D. physiological sodium chloride solution. Hynson, Westcott and Dunning, Baltimore, Md. (*Jour. A. M. A.*, Oct. 19, 1918, p. 1313).

PNEUMOCOCCUS ANTIGEN (ROSENOW), LILLY.—A pneumococcus vaccine prepared by digesting a suspension of pneumococci until the bacteria are partially autolyzed. E. C. Rosenow believes that the protective power of this vaccine is greater than that of one prepared in the usual way. It is marketed in 5 Cc. vials, each Cc. containing 20 million partially autolyzed pneumococci. Eli Lilly and Co., Indianapolis (*Jour. A. M. A.*, Oct. 26, 1918, p. 1407).

PROPAGANDA FOR REFORM

VACCINES IN INFLUENZA.—After study of the evidence as to the value of vaccines against influenza, the Massachusetts committee recommended that the state encourage the distribution of the influenza vaccine intended for prophylactic use but in such manner as will secure scientific evidence of the possible value of the agent. It reported that the use of the vaccine should be considered experimental, and recommended that the state should neither furnish nor endorse any vaccine used for the treatment of influenza (*Jour. A. M. A.*, Oct. 19, 1918, p. 1317).

PHILLIPS' PHOSPHO-MURIATE OF QUININE COMP.—The Council on Pharmacy and Chemistry reports on the extravagance and the absurdity of the claims made for Phillips' Phospho-Muriate of Quinine Comp. by the Charles H. Phillips Chemical Co. It concludes that the preparation is a complex and irrational mixture exploited by means of unwarranted claims, and a survival of the days when fantastic formulas were gravely published, when eminent practitioners gave glowing testimonials for lithia waters that contained none, when no therapeutic claims were too preposterous and no theory too nonsensical to justify the use of all manner of claptrap mixtures. It is explained that Phillips' Wheat Phosphates was introduced when numerous ailments were supposed to be due to a deficiency of phosphorus in our food, and that it was converted into "Phospho-Muriate of Quinine Comp." by the addition of iron, quinin and strychnin (*Jour. A. M. A.*, Oct. 19, 1918, p. 1335).

ILL ADVISED PUBLIC HEALTH ARTICLES.—A "syndicated" newspaper article which discusses Spanish influenza advises that "aspirin may be administered to relieve headaches and body pains." No doubt it would be to the interest of public health and the public pocketbook were medicines taken only on the advice of physicians. The objections to the lay use of aspirin was thus stated by the Council on Pharmacy and Chemistry: The public does not know, as physicians do, that headaches are merely symptoms of other, sometimes very serious conditions, and that they are often the signal for the need of a thorough physical examination and diagnosis. It is true that they are often also the symptoms of very minor derangements, which will right themselves spontaneously; and that, in such cases, drugs like aspirin may give relief and may do no harm. The patient, however, is not educated to distinguish one class from the other, and therefore anything that tends to promote the indiscriminate use of such remedies as aspirin itself is not always harmless. Alarming idiosyncrasies are sufficiently common that the use of the first doses, at least, should require medical supervision (*Jour. A. M. A.*, Oct. 19, 1918, p. 1337).

SERUMS AND VACCINES IN INFLUENZA.—Unfortunately, we as yet have no specific serum for the cure of influenza and no specific vaccine or vaccines for its prevention. The various treatments now being tried are experimental and their value will not be known until all the results are collected, which probably will not be until the epidemic is over. As to serum treatment, the only noteworthy new method so far is the injection in severe cases of influenzal pneumonia of the serum of patients who have recovered from such pneumonia (*Jour. A. M. A.*, Oct. 26, 1918, p. 1408).

SULPHERB.—"Sulpherb" or "Sulpherb Tablets" is one of the nostrums sold by the Blackburn Products Company of Dayton, Ohio. It is advertised by the "fake prescription" method. It is claimed that the tablets contain the extracts or concentrations of cascara, aloes, may apple, nux vomica, black cherry, capsicum, ginger, sarsaparilla, and also calcium sulphide, sulphur and cream of tartar. An examination made in the A. M. A. Chemical Laboratory indicated that "Sulpherb Tablets" are probably compounded from calcium sulphid, sulphur, cream of tartar, and vegetable extractives. Of the vegetable extractives claimed to be present, aloes was indicated and a trace of some alkaloid, the amount of which was too small to permit its identification (*Jour. A. M. A.*, Oct. 26, 1918, p. 1431).

BOOK REVIEWS

ON THE FRINGE OF THE GREAT FIGHT. By Col. George G. Nasmith, C. M. G. Illustrated. Cloth, \$1.50. New York: George H. Doran Company.

This is an interesting story of a Canadian medical officer's experiences in the present war, and gives the reader some insight into what goes on behind the lines, and the means employed to maintain the health and efficiency of the British and Canadian soldiers in the field. To medical men it is especially interesting because it deals with medical organization and the methods adopted to prevent and to care for disease conditions occurring among soldiers in camp as well as along the fighting line. The book is made more interesting by numerous anecdotes.

LONG HEADS AND ROUND HEADS, or, What's the Matter with Germany. By William S. Sadler, M.D., Professor at the Postgraduate Medical School of Chicago; Director of the Chicago Therapeutic Institute. Illustrated. 157 pages. Chicago: A. C. McClurg and Company. 1918. Cloth, \$1.00.

This is a very interesting book in which the infamous and ruthless conduct of the war and the utter disregard of truth, honor and ethical standards by Germany is accounted for by a study of the anthropology of the Germanic peoples. The author says that Germany today is peopled by a docile, round-headed race with an inherited tendency to cruelty, viciousness, and with no more morals than a wolf. He claims they are Alpines, an inferior, stupid, and non-progressive race, and are not real Teutons, having nothing whatever in common with that long-headed, progressive, and intelligent race.

As a contribution to the psychology of the war the book is of considerable interest.

RECLAIMING THE MAIMED. A Handbook of Physical Therapy. By R. Tait McKenzie, M.D., Major. R. A. M. C., Professor of Physical Therapy, University of Pennsylvania. Illustrated. New York. The Macmillan Company, 1918. Price, \$2.00.

This little book describes the means that have been found efficient in putting back into active military service more than half of those men wounded or otherwise disabled in action. In reality, it deals with physical therapy. There are chapters on the use of electricity, radiant heat and light, hydrotherapy, massage, gymnastics, reeducation of weakened muscles and stiff joints, and the importance of occupation to prevent the hospital habit. There also is a chapter on the masking of facial deformity whereby those men who have been disfigured may, by wearing masks, occupy positions without attracting attention to their disfigurement. The work is well written and quite profusely illustrated.

MILITARY SURGERY OF THE ZONE OF THE ADVANCE. Medical War Manual No. 7. By George de Tarnowsky, M.D., F.A.C.S., Surgeon to Cook County and Ravenswood Hospitals, Chicago; Major, M. C. U. S. R., American Expeditionary Force, France, 1917-1918. Illustrated. Philadelphia and New York. Lea and Febiger, 1918. Price, \$1.50.

This is one of the medical war manuals published under the authority of the Secretary of War and under the supervision of the Surgeon-General.

Briefly, it is a concise, pocket edition work on the treatment of war wounds, and is in no sense to be considered a textbook on military surgery. It deals

principally with primary treatment, which, according to most surgeons, is considered to be of most importance. No attempt is made to discuss pathology or diagnosis, but special attention is given to traumatic lesions with which the civil surgeon is unfamiliar, and the treatment of which must be under conditions that are far different than prevail in civil life.

Considering its size, the book contains a great amount of valuable information, much of which forms a distinct advance in the treatment of wounds and conditions directly arising from military service.

PRINCIPLES OF SURGICAL NURSING. A Guide to Modern Surgical Technic. By Frederick C. Warnshuis, M.D., F.A.C.S., Visiting Surgeon, Butterworth Hospital, Grand Rapids, Mich.; Chief Surgeon, Pere Marquette Railway. Octavo of 277 pages with 255 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.50 net.

The author purposely omits all discussion of the literature devoted to surgical nursing, as the text is based on his personal conclusions and experiences and the views that have been acquired by perusal of the surgical literature which has appeared from time to time in current literature and proven satisfactory in our operative work. The subject matter is presented briefly and concisely, and obsolete and unimportant methods have been omitted. The author has accomplished what he set out to do, namely incorporate in his book the recognized principles of technic, accepted plans of procedure and treatment as they exist in present-day practice of surgery and surgical nursing.

The work is excellently illustrated, great attention being given to detail. In fact the illustrations themselves, of which there are a large number, are so excellent and so instructive as to make them alone worth the price of the book. We can scarcely commend too highly the work as being a splendid presentation of the guiding principles of nursing technic of today.

MANUAL OF OTOTOLOGY. By Gorham Bacon, A.B., M.D., F.A.C.S., Formerly Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York; Aural Surgeon, New York Eye and Ear Infirmary; Consulting Otologist, Roosevelt Hospital, Hospital for Ruptured and Crippled, Minturn Hospital, New York; and Vassar Brothers' Hospital, Poughkeepsie; Assisted by Truman Laurence Saunders, A.B., M.D., Assistant Professor to Laryngology and Otology, College of Physicians and Surgeons, Columbia University, New York; Aural Surgeon, New York Eye and Ear Infirmary. Seventh edition, revised and enlarged, with 204 illustrations and two plates. Lea and Febiger, New York and Philadelphia. 1918. Cloth, \$3.00.

Seven editions of a book does testify in a certain sense to its popularity. This manual is intended for a textbook for students and a compact book of reference for the busy general practitioner. In general it fulfils its mission in a creditable manner, and yet a careful perusal of the book indicates that it could be made more up to date if some of the newer methods of diagnosis and treatment had been added, and if some of the almost obsolete forms of treatment had been omitted. It is, however, a safe guide, and is sufficiently comprehensive for the student and general practitioner, who at best is not expected to nor should he assume the responsibility of caring for anything but the simplest aural maladies.

THE ACTIONS OF DRUGS. A Course of Elementary Lectures for Students of Pharmacy. By Torald Sollmann, M.D., Professor of Pharmacology and Materia Medica in the School of Medicine of Western Reserve University, Cleveland. Philadelphia and London: W. B. Saunders Company, 1917.

This interesting little book comprises the lectures delivered before the senior students of the Cleveland School of Pharmacy. As stated by the author, they were planned for the direct purpose of giving to the young pharmacists a concise survey of the modern conceptions and knowledge of drug action. The author does not pretend to fit the pharmacists for the treatment of disease. In fact, he distinctly states that it is far better if the pharmacist be entirely ignorant of medical actions, and he believes that the pharmacist should not become possessed of the dangerous conceit that he is competent to advise or prescribe any treatment. The author's aim, therefore, is to enable the pharmacist to cooperate with the prescribing physician by having an intelligent understanding of the broad principles that are to guide treatment, of the objects which are to be accomplished, and the means which are utilized. In mentioning drugs under the various heads the author enumerates only those drugs which are considered of highest importance as therapeutic measures. Except in the tables, in a special chapter at the end of the book, no mention is made of the dosage. The book will prove of interest to the medical student as well as the student of pharmacy.

ANATOMY OF THE HUMAN BODY. By Henry Gray, F.R.S., Fellow of the Royal College of Surgeons; Lecturer on Anatomy at St. George's Hospital Medical School, London. Twentieth edition, thoroughly revised and re-edited by Warren H. Lewis, B.S., M.D., Professor of Physiological Anatomy, Johns Hopkins University, Baltimore, Md. Illustrated with 1247 engravings. Price, cloth, \$7.50; leather, \$9.00 net. Lea and Febiger, Philadelphia and New York, 1918.

Probably Gray's Anatomy is the standard for the world. The new twentieth edition, thoroughly revised and re-edited, apparently leaves nothing to be desired. It is illustrated with 1247 engravings, most of which are in colors, and whoever has failed to have Gray's Anatomy illustrated in colors has missed having a volume that is unquestioned in superiority over those illustrated in plain black and white.

Very naturally great advances have been made in the subject of anatomy, especially in microscopic anatomy and anatomy of the embryo; but throughout all of the twenty editions of Gray's Anatomy the text has kept pace with the advances that have been made. In this last edition there has been some re-arrangement of the material, and certain portions of the text have been rewritten to conform to the present day knowledge. New matter on physiologic anatomy, laws of bone architecture, the mechanics and variations of muscles have been added, occupying much of the space formerly devoted to applied anatomy. The whole conception of the work is to make it a description of the anatomy of the human body, and to make it as practical as possible, reflecting at all times the latest advances in anatomical knowledge. The object has been obtained in a most creditable manner and in a way to continue the universal high regard which the work holds among all those who have occasion to use or consult a work of the kind.

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HEADACHES AND EYE DISORDERS OF NASAL ORIGIN. By Greenfield Sluder, M.D., Clinical Professor and Director of the Department of Laryngology and Rhinology, Washington University Medical School, St. Louis. With 115 illustrations. St. Louis: C. V. Mosby Company, 1918.

This book represents a piece of research work that is deserving of the highest commendation. It is a study of diseases or abnormal conditions in the nose and the accessory sinuses as factors in the production of headaches and eye disorders.

The author's text is preceded by a chapter on the relationship between various bone changes in the nasal passages and the pathological processes which form the basis of Dr. Sluder's study. The author then discusses, in three chapters, the subject of vacuum frontal headaches with eye symptoms only; the syndrome of nasal ganglion neurosis; and hyperplastic sphenoiditis and its clinical relations in the envioning nerves, namely the optic, oculomotor, troclear, trigeminus, abducens and vidian nerves and the nasal ganglion. He concludes with a large number of case histories.

The author's methods of operating on the various abnormal conditions are fully described, and the appended case reports apparently furnish abundant evidence of the value of the investigations and the operative work instituted for the relief of the affections under consideration. The author's operative work in the region of the cribriform plate, and the technic of its performance, indicates that no one but the most experienced operators—and especially those who are very familiar with the anatomical variations within the nose and its accessory sinuses—should be

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AUTO-INTOXICATION OR INTESTINAL TOXEMIA. By J. H. Kellogg, M.D., LL.D., F.A.C.S., Medical Director of the Battle Creek Sanitarium. 342 pages. The Modern Medicine Publishing Company, Battle Creek, Mich., 1918. Price, \$2.50.

The author accepts the theory that many disease conditions are caused by absorption of toxins and ptomaines produced by abnormal bacterial development in the intestines. The prevailing note throughout the entire book is that the author has solved the problem of changing the intestinal flora so as to get rid of the pathogenic bacteria which are produced in the colon to the extent of countless billions daily, and which flood the body with their virulent toxins and ptomaines, producing the manifold evils characteristic of auto-intoxication.

Diet is the prominent factor in his method, special prominence being given to the "milk regimen" and "fruit regimen" because he has found these two most efficient. He makes a distinction between the "milk regimen"—which he recommends—and the milk diet as ordinarily practiced. Not all clinicians will be willing to follow the recommendations of the author, which include twenty-five feedings a day of large quantities of milk, nor will they subscribe to the doctrine that human beings should cultivate the habits of the chimpanzee and the monkey in having four to six bowel movements each day in order to be perfectly healthy and ward off premature old age. Furthermore, because monkeys, baboons, and apes are vegetarians does not necessarily prove that we should be strict vegetarians, even though subscribing to the Darwinian theory. However, there can be no doubt but that dietetics play an important rôle in the treatment of intestinal disorders and a long list of chronic maladies, and Dr. Kellogg's book—which in reality is an exploitation of the Battle Creek method—offers many valuable suggestions which may be followed with profit. Especially valuable will be found the suggestions for the relief of constipation.

A TREATISE ON CLINICAL MEDICINE. By William Hanna Thomson, M.D., LL.D., formerly Professor of Practice of Medicine and of Diseases of the Nervous System in the New York University Medical College; Ex-President of the New York Academy of Medicine, etc. Second edition, revised. Octavo volume of 678 pages. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$5.50 net.

This second edition carries out the ideas of the author as expressed in a former edition, that books on clinical medicine should essentially deal with the living patient, and emphasizes the importance of interpreting symptoms. The author does not in the least minimize the value of knowledge gained in the laboratory or at necropsies, but special emphasis is placed on a thorough understanding of the various symptoms and manifestations accompanying diseased conditions, and a knowledge of remedies and how they should be used to meet special indications.

The rapid progress of medicine has been noted in this last edition by numerous changes in the methods of treatment as well as methods of diagnosis. Particular attention is directed to the application of the different rays of light in both diagnosis and treatment of malignant diseases, and especially the effect of the roentgen rays and radium.

The book is conveniently divided into three parts. The introduction or Part I, contains a splendid chapter on "Catching Cold," in which it is clearly pointed out that catching cold is always caused by an interference with the supply of arterial blood to the part. The inference that chest protectors, and that chamois skin shirts and drawers are reasonable, may be accepted by some as being far fetched. An excellent chapter on the significance of common but important symptoms—such as pain, emaciation, cough, dyspnea, edema, and vomiting—is followed by a chapter on the use of remedies, including non-medicinal, medicinal, vaccines and serums. The balance of the book is devoted to the classification of diseases and their exciting causes. Part II is devoted to "Infection," and Part III to Tissues and Organs.

Altogether the book is eminently practical, and the arrangement and classification entirely satisfactory to meet the demands of the busy physician.

GENITO-URINARY DISEASES AND SYPHILIS. By Henry H. Morton, M.D., F.A.C.S., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island and Kings County Hospitals and the Polhemus Memorial Clinic; Member of Committee on Venereal Disease in the Office of the Surgeon-General; Consulting Genito-Urinary Surgeon to the Flushing Hospital, to the Sea View Hospital of Department of Health, New York City, to the Bushwick Hospital, and to the Beth Israel Hospital of Newark, N. J. Fourth edition, revised and enlarged. With 330 illustrations and 36 colored plates. St. Louis: C. V. Mosby Company, 1918. Price, \$7.00 net.

The demand for a fourth edition of this book is testimony of the appreciation with which it has been received and to which it is very justly entitled. The author, too, has appreciated the reception, and has put forth a special effort to make this fourth edition even more acceptable than those which have preceded it by re-writing the entire work and adding the latest acceptable knowledge on the subjects considered. He says that perhaps the war is responsible for few new discoveries or methods of value, though he thinks that certain plans of procedure have been perfected and made more valuable. Among these he mentions the application of the high frequency current to the treatment of benign tumors of the bladder and the use of radium in carcinoma of the bladder and prostate. He calls attention to the reduction in the mortality of prostatectomy through a clearer understanding of the importance of preliminary treatment before operating and a better knowledge of the details of the after-treatment of the operation. Pyelography has been advanced by the use of the roentgen rays, and our knowledge of syphilis has been very greatly increased, all of which has been discussed in a number of chapters dealing with the broad subject of syphilis. In the chapter on the treatment of syphilis attention is called to the intensive method of using salvarsan and mercury, and the direct medication of the spinal canal by the injection of salvarsanized serum. A very instructive chapter on the Wassermann reaction, and another on the prognosis of syphilis are valuable additions.

The illustrations, a very large number of which are in colors, are good, especially those dealing with cystoscopic and urethroscopic views.

The book is comprehensive, but with all, practical, and shows evidence of having been written by an experienced clinician and competent instructor. It well deserves the favor that has been accorded it.

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ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

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The article on Influenza is most timely and up-to-date, as are the sections on Vaccine and Serum Therapy. All additions and changes in the new U. S. P. are included while a comparative table shows the strength of the more important preparations in the preceding and the present Pharmacopoeia. Drugs formerly made under German patents are designated by their new names.

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Glands; Adrenalin; Pituitary Gland; Pancreatic Extracts; Corpus Luteum; Nitrous Oxide; Neoarsphenamine; Salicylate of Mercury; Bacillus Bulgaricus; Emetine; Ergot; Digitalis; Cinchona, including intravenous injections in Malaria as given by our Naval Surgeons; Oxygen, etc.

Part III treats of Remedial Measures other than Drugs—the Antiseptics, with technique of preparing and the apparatus for using dichloramine-T, etc.; Antitoxins; Vaccines and Serums; Electro and Hydrotherapy; Enteroclysis; Intravenous Injection; Transfusion; Lavage; Lumbar Puncture; Phylacogens; Pollen Proteins, etc., always with full description of methods of procedure, including effects, etc.

Included in Part III is a section on Feeding the Sick and the methods of prescribing a proper diet are described in more detail than in former editions, particularly in respect to children and diabetics.

Part IV takes up Treatment of Diseases and full definite therapeutic directions are given. Such noted authorities as Dr. G. E. deSchweinitz, Dr. Edward Martin and Dr. Barton C. Hirst revised respectively the articles on Diseases of Eye, Venereal Diseases, and Disorders of Parturition or Pregnancy.

Then follows a wonderfully thorough Therapeutic Index of Diseases and Remedies. This feature and the system of cross referencing between the part dealing with drugs and the part on diseases enable you to get any information you want in an instant's time. In other words, "what you want, when you want it."

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ORIGINAL ARTICLES

REPORTING VENEREAL DISEASES *

C. C. PIERCE, M.D.

Assistant Surgeon-General, United States Public Health Service

A recent instance illustrates a point of view which has occasionally come to the attention of the Public Health Service. An elderly physician, who is a leading dermatologist and syphilologist, a professor in the school of medicine of the State University, and a leading man throughout the state, told one of his classes that he would, himself, never report a case of venereal disease, and advised them never to do so. The intelligence, ability, and patriotism of this gentleman are not for a moment questioned; but it is equally certain that he made a profound error in judgment which, were it to be made generally, would have the most serious results at this time.

The older physicians were trained, as young men, in a school of medical ethics which was extremely individualistic. Social medicine, in common with most social work, had not yet developed. The rights of the individual patient counted for everything, the rights of those about him for nothing. With the development of the modern social spirit this has, of necessity, greatly changed. The acute contagious diseases were the first to be required to be reported. There was opposition to this among the physicians of twenty-five years ago, because they felt that the rights of their patients were being infringed on. Public opinion, however, sustained the eminently wise measures which made it compulsory to report these diseases. Later typhoid fever and other diseases whose communicability was established were added to the list of reportable diseases.

Still later tuberculosis was made reportable, and very great opposition at once developed.

This was in part because of the chronic nature of this disease, which made the patient for a long time an object of solicitude and attention, and in part because, in those days, when the disease had advanced sufficiently to be recognized, it usually terminated fatally. This had given a certain stigma to the disease in the minds of the laity. Physicians, therefore, felt very strongly that to report a case of tuberculosis was to trample on the patient's right to conceal his disease from the public. We now know that this has not been the result. In the average community, and especially in the large cities, very few persons, who would not have known even if the case had never been reported, find out that a man has tuberculosis. The rights of the individual to keep his affliction concealed from the general public are, therefore, still carefully safeguarded and preserved, and at the same time the greater rights of the community to be protected from infection are also safeguarded and preserved.

Public opinion has advanced to the point where it insists that no man has the right to endanger the lives or happiness of other persons. This has been proved true in the financial world as well as in the medical. This trend of public opinion is maintaining itself consistently and will never change so long as society continues to go forward.

The requirement that the venereal diseases be reported as are other dangerous communicable diseases has met with opposition in the same quarters where the reporting of tuberculosis was fought. But it is generally recognized to be a sound public health measure, and as such has now been enacted into law in thirty-two states. It is to be strongly emphasized that in reporting these cases the right of the individual to keep his disease from the public eye is carefully safeguarded, even more so than in the case of tuberculosis. In most states the names and addresses of the patients are not

* Published by request of the Indiana State Board of Health.

required, unless their conduct makes them a danger to the public health, or they stop treatment before they are made noninfectious. In the former case the public welfare requires legal action; and in the latter case it is to the patient's own good that he or she be compelled to complete the course of treatments. There is no question but that public opinion will sustain this measure, and all other reasonable measures for the control of the venereal diseases, as soon as the people generally are well informed on this problem. Every physician, therefore, who reports his cases of venereal diseases to the board of health, according to his state laws, is placing himself in line with the soundest and most modern social progress, and whoever conceals these cases from the state health authorities is antisocial and reactionary.

In the case referred to the executive committee of the medical college unanimously condemned the utterance and stand taken by the elderly professor, and in spite of his high standing and his excellent work, the State University has made it plain that it will tolerate no such expression of opinion from one of its staff. The dean of the school of medicine in a letter to the Public Health Service said that for eight years their school and university had stood for *the control of venereal diseases in the same way that other contagious diseases are controlled*. The last paragraph of this letter contained the following:

We have already taken measures to remove all ground for criticism from the university, but I beg of you not to believe that Dr. ——— has represented the medical school in this matter, or that any student who heard him would have held that he did.

There have been a few instances where newly commissioned officers of the Medical Corps of the Army, who have not realized the sincere and energetic stand which the Army has taken, have made similar statements before medical bodies, to the effect that they would not report venereal diseases. As rapidly as these cases have come to the attention of the Surgeon-General's Office these men have been uniformly disciplined with a severity merited by the extent of their offense. The whole influence of the Medical Departments of the Army and Navy and of the Public Health Service is being thrown in favor of the reporting of the venereal diseases. This is a part of the plan which the United States Government has officially adopted for controlling these dangerous infections.

This plan has been personally approved by the Surgeons-General of the Army, the Navy,

and the Public Health Service. They would never have approved it if it had been a wild theory or untried scheme. They approved it because it has been tried in certain cities and states in this country, and in other parts of the English-speaking world, and has proved itself to be the best plan yet devised for controlling these diseases. They approved it because venereal diseases are the greatest single cause for the disablement of our soldiers and sailors, and because accurate statistics for the civilian population would probably show that these diseases cause equally as serious losses among our industrial and other workers.

The government adopted this plan when it did because this country had entered on a stupendous war with Germany and needed the full and unbroken service of every civilian worker, man, woman, and child. The venereal diseases, as the greatest single foe to health and efficiency, *must* be brought under control, and just as rapidly as possible. To this end the government urges every physician to report his cases of venereal disease in accordance with his state laws, and thus add further to his patriotic services to the government at this time.

THE PHYSICIANS AND THE LEGISLATURE

FREDERICK E. SCHORTEMEIER, A.B., LL.B.

Executive Secretary of the Indiana State Medical Association
and Private Secretary to U. S. Senator Harry S. New

The biennial session of the Indiana General Assembly again is upon us. Many issues of varying importance to the people of Indiana are pressing for solution. In the brief space of sixty days scores of questions of the gravest concern to the state of Indiana and her good citizens will be considered and acted on in the great haste characteristic of state assemblies. Somewhere in this maelstrom of legislation will be found numerous measures affecting the health of the people of Indiana, either favorably or adversely, and, therefore, of interest to the medical profession of the state. The purpose of this brief article is to make answer to the question, "What should be the attitude of the physicians of Indiana toward legislation affecting the public health?"

In the first place, the members of the Indiana State Medical Association must impress on the legislators of the coming assembly that no legislation which may demand their attention during the session is of more importance to the

people of the state than is medical legislation. This is, of course, solemnly true, and it also is true that the average legislator never for one moment since his election has so regarded it. It does not follow, however, that he will not give medical legislation a position of importance if he is brought to a realization of its vast significance to the people whom he in part has the honor to represent. Medical legislation, at best, is minor legislation in the eyes of the average legislator. To him the legislation called for by party managers and promised the people in the party's platforms is of the greatest moment. And the average brief session of a state legislature affords little time for anything else, unless, indeed, some interested citizen has for a time held the ear of a legislator in behalf of some other problem.

However, the average legislator is, after all, a reasonable man and he is desirous of doing his duty, popular exclamations to the contrary notwithstanding. But very probably he has never come to a realization of the importance of legislation affecting the public health of the people of the commonwealth, at least not to the extent that he is willing to place so-called "medical legislation" paramount, or at least equal, to all other legislation. The first step toward satisfactory medical legislation, therefore, is to convince the legislator that medical legislation means public health legislation, and nothing more; that when he is promoting the most desirable medical legislation he is *per se* promoting the health of the citizens whom he represents. He will grant you, generally, that nothing is of greater concern to the state than the health of its people, for it is only by means of their continued health that the state is enabled to maintain its very existence; it is too obvious to admit of discussion. Point out this fundamental truth of the significance of the health of the people to the state and the first great step toward successful legislation has been taken. The legislator is interested, he realizes the importance of medical legislation because he sees that it is public health legislation and he is ready and anxious to give it his best and active attention to the end that no harm may come to the people of the commonwealth.

After the legislator has been brought to a realization of the importance of medical legislation, the success of desirable medical legislation depends on the intelligent understanding on the part of the legislator of the merits and demerits of the individual propositions submitted to him. It always must be borne in mind that the average legislator is not a professional man, at least not a scientific man. To the lay

mind an intelligent lay explanation of any given question couched in medical phraseology is necessary. The solution for this situation is the activity of the members of the medical profession and their friends. Some day, it is entirely likely, the average citizen will concern himself actively with the health of the community, and then we shall have all of the people of a state affirmatively insisting that their representatives enact the most desirable health legislation that scientific thought can give. But that day is not now apparent to any marked degree, if at all, and the friends of the best medical legislation must, therefore, champion its cause actively. The enemies of good medical legislation are always busy; any one who has spent considerable time at a modern legislative assembly will attest to that fact. But the friends of good medical legislation are affected with a lethargy which is in itself the explanation of the success of much highly ill advised legislation on medical and public health subjects. True, there are some friends of high class legislation who are willing to forego their personal interests to advocate the cause of proper medical legislation solely for the joy that is theirs when they are conscious of having assisted in protecting and promoting the health of their fellows. But it is also true that this class is the decided minority of those who ought to be the real, active and ardent supporters of proper medical legislation. Activity, therefore, on the part of the friends of high medical standards, an activity which combines personal sacrifices and untiring effort is the second step toward obtaining proper medical legislation.

It also is important that the friends of high medical standards make it entirely clear to the legislators that the interests of the profession are genuinely of minor or no importance in the premises. This is literally true. The average legislator very often views medical legislation as nothing more or less than a "fight among some doctors in which nobody else is interested." The writer has found many legislators who at the outset of a conference admitted that this about conveyed their conception of a given situation. Whenever the medical profession places its campaign for high medical standards on the basis of the interests of the physicians themselves they will lose, and it is entirely proper that they should lose. The nation is learning, as indeed it must learn, that the interests of any given class are of no importance whatever when those interests are other than the interests of the whole community. The advocates of medical legislation of a high character must make it clear to the representatives and

to the people as a whole that it is genuinely and sincerely the welfare of the people—all of the people—that is of the essence of the effort to secure better medical laws and that the interests of the profession are of no consequence except as the very interests of public health and those of the profession are one and the same. We must say to the legislator: "Be sure you are promoting the health of the people whom you represent and then proceed to legislate and you will have nothing other than complete approval from the medical profession; give us the opportunity to present such professional enlightenment as the medical profession both in history and contemporaneous thought has obtained and we shall ask nothing more." And the beauty of this position is that the medical profession knows that the public health of the state is thereby advanced. High educational and professional standards alone give the best public health thought, and to the profession itself this is all inclusive.

Finally, the medical profession in advocating the enactment or defeat of any given measure must be assured beyond the peradventure of a doubt that it is right. Legislation which is not fundamentally right from the point of view of the people of the state, and regardless of its effect on the medical profession, will not long endure, nor should it. Let us drop our professional points of view if they are in conflict with the greatest good to the people of the commonwealth, and if it is possible that they ever should be. Let us banish the thought of monetary or material consideration of the medical profession for all time. Let us advocate or denounce proposed legislation solely out of consideration of the health welfare of the community and rest in the assurance that the best public health interests will likewise be the best interests of the medical profession. Let us put the community first and the profession second and proceed to act on any given question with that thought in mind and heart. If we are able to wage a campaign of education the public itself will catch this viewpoint and high medical standards will be safe for the people of Indiana.

The significance of medical legislation should insure a genuine activity on the part of the profession and its friends to the end that public health interests are advanced. But we must be certain that our course in any given instance is fundamentally right from the viewpoint of the body politic in order to secure that cooperation of legislators that makes for desirable medical and public health legislation.

SYPHILIS AS IT PERTAINS TO THE EYE*

ALBERT E. BULSON, JR.

Professor of Ophthalmology in the Indiana University School of Medicine

FORT WAYNE

Of late years, and particularly since the development of delicate laboratory tests, we have been forced to change many of our ideas concerning syphilis. It is now known that there is scarcely a symptom to which man is heir which may not be caused by the *spirochaeta pallida*.

Prenatal infections play a very prominent rôle in the production of many symptoms that may, for a long time, not be recognized as of syphilitic origin. An apparently healthy child may harbor the organism. The organism may not be very virulent, and even time causes a change in this virulence.

Symptoms occurring from twenty to thirty years after infection are often insidious of onset, vague and indefinite in their development, and often unaccompanied by physical signs. To make diagnosis more difficult, the Wassermann test, so valuable in early syphilis, is only rarely positive in adults with hereditary syphilis.

Dr. Stoll, in a recent number of *The Journal of the American Medical Association*, says that we are justified in assuming syphilis when a parent has had tabes or paresis; as probable syphilis, a history of aneurysm or aortic disease, and death from apoplexy or from heart failure before fifty; as possible syphilis, cardiovascular-renal death up to sixty, or perhaps beyond; also that we are justified in at least suspecting syphilis in the presence of severe chronic headaches not relieved by glasses. The parents may be living, and said to be well, but a paralysis of the third or sixth nerve, insomnia, extreme nervousness, or rheumatism in the legs, should awaken our suspicions. Dr. Stoll further states that while syphilis is the most common cause of abortion, it should be realized that in certain syphilitic families all the pregnancies may result in living children. Syphilis also is a frequent cause of sterility, but is not the only cause.

The high, narrow palate, harelip, scaphoid scapulae, short arms, hypoplastic teeth, etc., are looked on as evidences of hereditary syphilis. We should suspect the possibility of hereditary syphilis in individuals whose chief characteristic is a general inferiority.

* Read before the Indiana State Medical Association at the Indianapolis Session, September, 1918.

There is no tissue in the human body that is exempt from the ravages of syphilis. The eye, with all of its complexity and delicacy of mechanism, is very frequently the seat of inflammatory and degenerative changes directly due to a syphilitic infection, either hereditary or acquired.

Many years ago I was accused of being ultra-radical in my views when I stated that I believed that fully 50 to 60 per cent. of all eye affections were due to syphilis, and my confrères have thought my judgment rather biased when I stated that in the majority of instances, if a physician knew of no other treatment to prescribe, he would make no mistake in giving anti-syphilitic remedies. As a matter of fact I was taught to recognize certain lesions as being probably syphilitic, whether generally recognized as such or not, and the therapeutic tests have generally proven the correctness of the conclusion. With increasing years and experience I have grown more settled in my conviction as to the pathognomonic character of certain eye lesions, and with our present-day perfected methods of diagnosis, the opinions of earlier days have been substantiated.

Concerning some of the eye lesions which are most characteristic of syphilis, we may begin with the Argyll Robertson pupil, which, as you know, is a condition in which the pupil does not react to light but does react to convergence. Usually this condition is bilateral, but occasionally is unilateral. The seat of the lesion is not definitely known. Some authors say that the lesion is in the ciliary ganglia, while others believe the lesion to be nuclear. The symptom is noteworthy in tabes and paretic dementia, and, as is well known, it may precede the signs of these diseases by many years. It is more often of syphilitic origin, though it may be non-syphilitic, and has been known to be a symptom of alcoholic neuritis.

The eyelids are especially prone to be affected by syphilis. The disease may occur either as a primary sore, or as secondary or hereditary manifestations. A chancre, generally occurring on one lid, begins as a pimple, usually at the lid border at the inner canthus, gradually developing into a characteristic somewhat saucer-shaped ulceration, with rather rounded edges and indurated base. The lymph glands at the angle of the jaw and in front of the ear are enlarged. It is possible to mistake the affection for a sty or a small rodent ulcer. The *spirochaeta pallida* may be found if searched for, and, of course, the Wassermann is positive. It should not be forgotten that a papillary erup-

tion may appear on the eyelids of children, the subjects of hereditary syphilis, shortly after birth. Also, a form of blepharitis, characterized by ulcerated spots, may be due to hereditary syphilis; and the loss of the eyelashes, either completely or in part, should be considered suspicious of syphilitic origin.

Inflammation of the tarsus, presenting great thickening of the tarsus, and not uncommonly found in children, is usually syphilitic in origin. It may resemble a chronic marginal blepharitis, with the formation of crusts and ulcers at the mouths of the hair follicles, but differs from the latter condition by considerable thickening and induration of the tarsus.

Syphilis of the conjunctiva may be manifested by chancres which may occur on either the palpebral or ocular conjunctiva; but a more common manifestation of syphilis are the papillary syphilides, and especially the syphilitic conjunctivitis which appears as a stubborn catarrh, or in the form of granulations, similar to trachoma follicles, in an anemic conjunctiva. The disease is not amenable to local treatment, but disappears readily under antisypilitic remedies.

One of the most common ocular lesions of syphilis is interstitial or parenchymatous keratitis, in which a chronic thickening of the whole cornea takes place. Late statistics seem to indicate that from 65 to 70 per cent. of these cases are due to inherited syphilis, but that at least 10 per cent. of the cases can be due to acquired syphilis. It occurs most frequently between the ages of five and fifteen years, occasionally as early as the third year, and rarely after the thirtieth year. It is more frequent in females than in males, occurring in females especially at the age of second dentition and puberty. De Schweinitz is authority for the statement that it is probable that the affection occasionally arises in utero. The lesions begin either in the center or at the margin of the cornea, and are accompanied by ciliary congestion and watering of the eye. The spot of haziness gradually increases until in about two or three weeks the whole cornea is invested with a diffuse haziness. The steamy surface has often been compared to ground glass. Close inspection will show that the haziness is mottled, due to spots of intensity of inflammation. The dull red color, known as salmon patches, is due to fine blood vessels in the layers of the cornea, which have been derived from the ciliary vessels. Ulceration rarely occurs, but involvement of the iris is very common, as also involvement

of the ciliary body and choroid. In fact the whole vascular tract of the eyeball is involved.

It is my experience that choroiditis always is present with interstitial keratitis, and I many times have observed the pigmented choroidal spots after the interstitial keratitis has cleared up, indicating the choroidal ravages of the disease. In fact the corneal nebulae and the pigmented spots in the choroid may be useful subsequently in diagnosing inherited syphilis, though usually there are other stigmata of the disease. Children suffering from interstitial keratitis often present a remarkable combination of defects, such as dwarfed stature, the coarse, flabby skin, the sunken nasal bridge, scars at the angle of the mouth and also nose, the malformed teeth, in which the central incisors have the notched edges—the so-called Hutchinson's teeth—and the presence of deafness, cicatrices in the pharynx, chronic periostitis of the tibia, synovitis of the knee joint, and indurated lymphatic glands, further emphasize the syphilitic taint.

Interstitial keratitis of acquired syphilis is usually a late secondary or tertiary lesion, and usually it appears in adults between the twentieth and fiftieth year of life. It is more promptly amenable to treatment. The course of the disease is usually typical, and the associated symptoms characteristic. The Wassermann test should be made always, even though often negative in inherited syphilis, and to distinguish between cases due to syphilis and tuberculosis the reaction of the patient to tuberculin may be necessary.

A troublesome inflammation of the eye which has a tendency to run a chronic course, and very often due to syphilis, is what is known as scleritis, which occurs as a diffuse bluish-red injection of the sclera, very painful, unattended with secretion, and liable to be mistaken for conjunctivitis or iritis. Physical signs of syphilis may be discovered in connection with these cases, but the Wassermann test usually clinches the diagnosis. Blue sclerotics may be associated with inherited syphilis, and this condition may be accompanied by conical cornea or congenital opacity of the cornea.

Iritis is a manifestation of syphilis in a very large percentage of cases, estimated by some authors as 70 per cent. It may appear between the second and ninth month after the initial lesion, or may be delayed until the eighteenth month. Occasionally it may appear as a tertiary manifestation, either as primary iritis or as a gumma of the iris. A type of acute iritis, due

to inherited syphilis, has been seen in children between the ages of two and fifteen months. The clinical manifestations vary, but in general include a change in the color of the iris, a thickening of the pupillary margin, with the development of papules of yellowish or reddish-brown color, adhesions to the anterior capsule of the lens, impairment of vision from exudate, and accompanied by pain which is most severe at night. Some clinicians are inclined to make a distinction between serous and plastic exudates accompanying iritis, and to attribute all cases of iritis with plastic exudates as due to syphilis, and practically all other cases, or those accompanied by serous exudates, to be due to other infections or toxemias. Certainly it has been quite noticeable in my experience that those cases in which there is little or no thickening in the pupillary margin of the iris, with slight discoloration, and few adhesions, are less apt to yield to syphilitic treatment, and generally give a negative reaction; whereas the plastic type, with marked thickening of the iris border, pronounced adhesions, and in fact all the evidences of plastic exudates, usually give a positive Wassermann and respond promptly to antisyphilitic treatment.

Uveitis, or what is sometimes called serous iritis, but in which the entire uveal tract is involved, and in which the diagnosis generally is confirmed by the appearance of spots on the endothelial layer of the cornea, may be septic or toxic. Perhaps in the larger proportion of cases the disease represents an effort on the part of the uveal tract to expel from its tissues some toxin of bacterial origin, and while the tonsils, tooth-root abscesses, or other areas of chronic sepsis may be responsible for the trouble, a certain number of the cases depend on syphilis as a cause, and the Wassermann should be utilized in these cases to establish, if possible, the presence of syphilis as an etiologic factor.

An ocular affection which may produce great disturbance of vision, and is often unrecognized until well advanced because of the absence of pain and external evidences of inflammation, is choroiditis. In a very large percentage of cases choroiditis is due to acquired syphilis, and it appears from six months to two years after the initial infection, though sometimes it is postponed to the tertiary period. The choroiditis due to inherited syphilis has been mentioned in connection with interstitial keratitis, and the secondary pigmented degeneration of the retina is frequently seen in children, the subjects of hereditary syphilis. Opacities of the vitreous

are common in syphilitic choroiditis, and dust-like opacities have been considered by some prominent clinicians as pathognomonic of syphilis.

Syphilitic retinitis in its various forms, including the types with exudation as well as those with hemorrhages and degenerative changes, is relatively common, and may be due to congenital or acquired syphilis. It may occur at any age. The fact that this disease, as well as other fundus lesions, is unaccompanied by pain or external inflammation, is one reason why patients frequently fail to apply for treatment until extensive degenerative changes have occurred, with permanent impairment of function.

A rather common syphilitic ocular lesion is a paralysis of one or more of the extrinsic muscles of the eyeball. Late statistics seem to indicate from 60 to 70 per cent. of the cases of ocular muscle paralysis are due to syphilis. It is generally one of the later manifestations, but it has been noted as early as within six months of the primary infection, particularly in the form of ptosis. In rare instances paralysis of the ocular muscles results from inherited syphilis. The third nerve is most often affected by syphilis, whereas the sixth nerve seems to be most often affected by toxemias such as those accompanying rheumatism, influenza and diabetes. Paralysis of the ciliary muscle, the chief symptom of which is loss of accommodation, either complete or partial, is occasionally due to acquired syphilis, and rarely to inherited syphilis.

Periostitis of the orbit, particularly in its chronic form, with deep seated pain, usually worse at night, tenderness on pressing the eyeball backward, thickening of the tissue beneath the orbital margin, and perhaps some inflammation of the eyelids and conjunctiva, is most often a late manifestation of syphilis. In fact, this is allied to the nocturnal headaches which so many writers speak of as pathognomonic of syphilitic infection.

In general it may be stated that a syphilitic basis for the ocular lesion is diagnosed not only by certain features of the lesion itself, but by the presence of lesions in other parts of the body, or physical characteristics, and by the results of the Wassermann test. However, one must not be led astray by a negative Wassermann, as negative Wassermans are not infrequent even in the presence of syphilis, and this is particularly true in the presence of inherited syphilis, and to a less extent in the tertiary lesions of syphilis. In syphilis of the nervous system a Wassermann of the spinal fluid is

more significant, and yet here again a negative Wassermann is not conclusive.

So far as treatment is concerned, little may be said. In acquired syphilis, and especially in the early stages, salvarsan and neosalvarsan have proven of value; but repeated administration of the remedy usually is required, and the treatment should be supplemented by the usual mercurial treatment. Concerning mercurial treatment, I have only to say that, like de Schweinitz, I have not found occasion to change my preference for inunctions, from one to two drams being rubbed into the skin each night. I am, however, using deep injections of salicylate of mercury in doses of from one to two grains, from five to seven days, in selected cases. The iodids, either in the form of potassium iodid or iodalbumin, are reserved for those lesions accompanied by an abundance of exudate, as in iritis, or in the tertiary or gummatous lesions.

With a diagnosis of syphilis, either through a positive Wassermann or definite clinical manifestations, eye affections in particular demand heroic treatment. Therefore, mercurials should be crowded just short of physiologic effects, and if iodid of potassium is indicated at all, it generally is indicated in very large doses. There are, however, no eye affections that yield any better results from prompt and energetic treatment than those of syphilitic origin; but, on the other hand, there are no lesions that are more disastrous unless diagnosed promptly, and promptly and energetically treated, than is the syphilitic lesion of the eye.

DISCUSSION

DR. GEORGE F. KEIPER, Lafayette: I want to start with the general proposition that in the examination of the eye you see matters revealed that pertain to the general condition, and this is especially true with reference to the general diagnosis of syphilis. The doctor has taken up this question in detail, but there are some points I wish to emphasize, and one is that in attempting to diagnose syphilis, and especially congenital syphilis, we should particularly mark the shape of the cornea. As a rule the cornea is oval with the long axis horizontal; this is almost pathognomonic of inherited syphilis. I wish also to emphasize the presence of the so-called silver wire—or copper wire is nearer correct—blood vessels in the retina in arteriosclerosis. I am a firm believer in the value of serologic diagnosis here and have demonstrated by the Wassermann reaction that where we have this condition of affairs in the retinal vessels, in a great number of cases we will find a positive Wassermann. In case of hemorrhage into

the retina, especially the massive hemorrhages where the blood pressure is sometimes increased, I always insist on taking a Wassermann reaction, because in a great majority of instances we will find the situation is due to syphilis. Do not neglect to take the blood pressure with the sphygmomanometer, either.

The doctor has emphasized the condition of paralysis of the external ocular muscles. The eyes are nothing more nor less than a prolongation of the brain—simply the brain going outside itself in order to come in contact with its surroundings, and the condition of affairs known as ocular paralysis will find its origin most frequently in the origin of the nerves themselves—in the brain. In other words, in dealing with syphilis of the eye we deal with syphilis of the central nervous system.

Now the history of these cases is sometimes exceedingly interesting. Patients will deny they have syphilis, and we are compelled to depend on other evidence. I recently saw a case of atrophy of the optic nerve where there is no hope for recovery of vision. In questioning the patient about syphilis she denied it, and in view of the fact that our laboratory men are in the Army and it is impossible for the average man to make a Wassermann, I began to inquire into the family history, and the first thing I ran across was that the husband is a tabetic. That is an interesting condition—that woman is probably suffering atrophy of the optic nerve because she has acquired lues from her husband.

As to gummata of the iris, we do not run across that very often, but when we do I should strongly advise antisyphilitic remedies.

I would urge in the examination of the iris and cornea that we should really make out the details of these structures, and one of the things we need is a good loupe such as the jewelers use to magnify the parts. You will find it will bring out the details and enable you to see and note many things you would not be able to see otherwise with the naked eye.

I would also, from the standpoint of one who limits his practice, urge the earnest consideration of possible eye symptoms in all cases of suspected syphilis, for example, the Argyll Robertson pupil, because of the fact that you will be enabled thereby to clear up a great many points that would be otherwise obscure in attempting to diagnose the general condition of syphilis.

What Dr. Bulson said with reference to the percentage of cases due to syphilis of the eye is absolutely correct, and it is surprising the large number of eye infections we can attribute to syphilis.

DR. ALBERT E. BULSON, JR. (closing): The ophthalmologist recognizes certain eye lesions as being pathognomonic of syphilis. However,

there are some eye lesions that appear like syphilitic lesions and yet have other etiologic bases. The syphilitic retinitis that simulates in appearance albuminuric retinitis, or vice versa, are examples.

I feel justified in making a plea for a more general patronage of our laboratories, and especially the laboratories that are carried on by competent serologists. In doubtful cases the Wassermann reaction is a valuable aid, and yet the findings may be valueless unless they have been made by a well-trained serologist and interpreted properly. At the present time there are altogether too many men making Wassermann tests without being competent to make the test in a way that makes it reliable.

A STUDY OF THE ANUS, RECTUM AND SIGMOID*

H. H. WHEELER, M.D., F.A.C.S.
INDIANAPOLIS

The anus, rectum and sigmoid consists of the terminal 25 inches of the large intestine, and serves as the repository and for the final expulsion of effete matter which accumulates from the refuse of digestion intermixed with epithelium and a variety of intestinal bacteria. This is a definite mechanism and the emptying of this portion of the bowel should occur normally and at regular intervals. In examining a large number of recta it has been demonstrated that the normal adult rectum does not retain feces for any length of time. Any considerable amount of fecal matter retained in the rectum is not normal and tends toward a pathologic condition.

The anal canal is the constricted terminal end of the large intestine and extends from the skin surface to the upper surface of the pelvic floor. The lower half is formed from the proctodeum or skin fold and is lined with pavement epithelium. The upper part is developed from the entoderm and is lined by endothelium. The junction of the two defines the systemic and portal blood supply and is known as Hilton's white line. Failure on the part of nature to absorb this congenital membrane constitutes imperforate anus which often gives the obstetrician much concern.

The anal canal is about an inch in length and passes upward and forward forming an angle to the rectum of from 60 to 80 degrees which tends to relieve the strain of the sphincter

* Read before the Indiana State Medical Association at Indianapolis, September, 1918.

muscles. At the upper end of the anal canal as it passes through the upper border of the levator ani muscle the mucous membrane is thrown into longitudinal folds forming the columns of Morgagni. Semilunar folds form between the lower end of these columns and are known as the crypts of Morgagni. Inflammation of these crypts often cause pruritus ani and allied anal irritation.

The anorectal line has a very important clinical significance, in that it is the point at which the blood supply becomes differentiated. Above this line the blood is supplied by the superior hemorrhoidal artery, a branch of the inferior mesenteric, and returned through the portal circulation. Below this line the blood supply is taken care of through the systemic circulation and returned through the inferior vena cava.

The anorectal line also differentiates the lymphatic current and the nerve supply. Above this line the lymphatic current finds lodgment in the glands surrounding the rectum and in the mesentery. Any involvement of tissues below this line will cause enlargement of the inguinal lymphatics, a diagnostic point which is always well to consider.

The distribution of nerve supply is also differentiated. The tissues below the anorectal line derive their nerve supply from the spinal nerves and are voluntarily controlled, while those above are involuntary and receive nerve supply through the sympathetic system.

The rectum proper lies within the cavity of the true pelvis and is some 6 inches in length. It begins at the middle of the third sacral vertebra and, anatomically speaking, ends at the upper part of the anal canal on a level with the apex of the prostate gland. The rectum is devoid of a peritoneal covering except a portion of the anterior surface as the peritoneum separates and is reflected to the posterior surface of the bladder in the male and the vagina in the female. As suggested by Cunningham, the larger portion of the rectum lies behind and beneath the pelvic peritoneum, which permits the mobility and distensibility requisite to its function. The point at which the peritoneal coat leaves the rectum in front is of practical importance in operations on the pelvic organs. Roughly speaking, the distance would be about 3 inches above the anal canal at approximately the point reached by the examining finger on the anterior rectal wall. This distance is slightly greater in the male than in the female.

Projecting from the sides of the rectum are permanent crescent-shaped folds of mucous

membrane, the rectal valves. Three valves are always discernible, although sometimes quite rudimentary, and are attached to one-half to two-thirds of the circumference of the rectal wall. The extent of their projection into the lumen of the bowel depends on the degree of distention at the time of examination. The upper left valve of Houston lies just below the rectosigmoid junction and corresponds to the flexure of the bowel at this point. The lower left valve springs from the rectal wall about 4 inches from the anus and corresponds pretty accurately to the reflexion of the peritoneum. The right valve lies midway between the other two and projects well across the rectum at this point. The sacculated portion lying below the lower left valve is known as the rectal ampulla.

The sigmoid flexure is the narrowest portion of the large bowel interposed between the descending colon and the rectum. It is some 16 to 18 inches in length and begins at the crest of the ilium and ends on a level with the third sacral vertebra. It may be defined as that portion of the large bowel immediately succeeding the descending colon, having a mesenteric attachment and being freely movable. It normally lies free in the pelvic cavity, only changing its position during defecation when the sigmoid is elevated into the abdominal cavity to facilitate emptying. Mayo claims that the process of emptying the large bowel from the splenic flexure is largely accomplished by siphonage. The hardened head of the fecal mass rests at the rectosigmoid and the siphon is established when this mass moves onward, which may be compared to the action of a piston syringe.

At either end of the sigmoid is an anatomic constriction, which Cantlie claims as having sphincteric action and making it possible for spasm to occur here impeding free emptying of the bowel and bring about the same end results as cardiospasm or pylorospasm of the stomach. O'Brien, as cited by Tuttle, describes an aggregation of circular muscular fibers at the rectosigmoidal junction and refers to it as the third sphincter. This muscular constriction can be easily demonstrated through the proctoscope and plays a very important rôle in the act of defecation. The folds of mucous membrane at the rectosigmoidal junction approaches that of the anorectal union. Dr. T. B. Reeves, at the request of Mayo, dissected the recta of forty-six cadavers and found the terminal sigmoid constriction present in 80 per cent., and in two of the forty-six it amounted to a definite reduction in the caliber of the bowel.

At the rectosigmoidal junction a transition in the form and arrangement of the mucous membrane takes place and a definite narrowing of the caliber is noticed. Externally at this point the longitudinal bands spread out and surround the rectum forming a longitudinal muscular layer. The blood supply changes; instead of the arteries taking a circular course around the bowel as in the sigmoid and other portions having a mesentery, the superior hemorrhoidal artery divides into a right and left branch taking a longitudinal course along the rectum and rests beneath the mucous membrane. The rectosigmoid is often diseased, excepting the gastroduodenal area, this portion of the bowel is more frequently diseased than any other corresponding portion. Carcinoma of that portion of the bowel below the pelvic brim involves the rectosigmoid more often than all the other, constituting about 62 per cent. of all malignant growths found in this region.

It is generally recognized that carcinoma occurs most frequently at points of constriction of the alimentary canal where tissue changes take place. The rectosigmoid shows marked anatomic differences both externally and internally to that of the rectum and could with some justice have ascribed to it a function similar to that of the pylorus and the ileocecal valve and that its retentive power depends on its anatomic arrangement for this function.

The terminal ends of the sigmoid are separated by approximately 8 inches between the colosigmoidal junction and the rectosigmoidal union. The 18 inches of intestine interposed between these two fixed points is very loosely attached to the pelvic wall by the mesosigmoid. During the process of emptying the colon and sigmoid, Cunningham states that the sigmoid ascends into the abdominal cavity and at times it may be found as high as the level of the umbilicus. This being the normal physiologic action of the sigmoid, anything interfering with its elevation out of the pelvis might produce a sigmoid stasis and the chain of symptoms brought on by fecal retention. Dr. Eastman, in his study of the "foetal peritoneal folds" of Jonnesco, Treves and Reid, concluded that the normal function of the large intestine was often interfered with by the presence of adhesive bands binding down the sigmoid which prevented proper elevation into the abdominal cavity and obstructed the proper siphoning of the bowel contents.

Fleiner makes the statement that many women with spastic constipation suffer from

some form of pelvic disease; in his experience fully 50 per cent. of these women suffer from some form of pelvic inflammation. Intestinal stasis not relieved after proper dietetic, systemic and hygienic treatment should receive careful examination looking toward obstruction of some kind which retards the normal physiologic action of the bowel.

DISCUSSION

DR. W. H. FOREMAN, Indianapolis: Dr. Wheeler has described to us very fully the anatomy of the sigmoid, the rectum and the anal canal, and has also indicated somewhat the physiology of this portion of the bowel. He speaks of the anorectal line and the nerve supply above and below the anorectal line. I wish to dwell for a short time on this nerve distribution and to indicate some points in the physiology of this portion of the colon and rectum.

The lower lumbar nerves and the upper sacral nerves have fibers which pass through the sympathetic chain; from the sympathetic chain fibers are sent to the sympathetic plexus and from here fibers pass to the sigmoid, rectum and internal sphincter, so that this portion of the canal is supplied entirely by the sympathetic nerves. Below the anorectal line the external sphincter is supplied by the lower sacral nerves, which nerves are not connected with the sympathetic chain of the sympathetic plexus of nerves, but directly with the cord, and thence to the higher nerve centers above. So this portion of the canal is supplied by nerves which are under our control, while the nerve supply above the anorectal line is not under our control. This is very important in the physiology of the lower portion of the canal.

As the essayist has said, the sigmoid has a long mesentery which allows it as the fecal matter comes into it to rise up into the pelvis, so that the pelvirectal junction which when the sigmoid is empty is acute, when the sigmoid is full becomes obtuse, and thus permits the contents of the sigmoid to pass into the rectum. Until this angle is changed from acute to obtuse it is almost impossible for any fecal matter to escape from the sigmoid into the rectum. Thus pelvic inflammations or adhesions which bind the sigmoid down and do not allow it to rise when it becomes filled with fecal matter, offer a serious obstruction to the process of defecation. This is especially so in women, who are subject to pelvic inflammation more than men.

Now to the point of defecation. When the sigmoid colon is raised up in the pelvis a certain amount of fecal matter passes into the rectum, either due to the column of fecal matter above or to peristalsis in the colon above, or, as the Mayo's would have us believe, to siphon-

age. The rectum thus becomes more or less distended by the passing of fecal matter into it. As soon as this fecal mass comes into the rectum in sufficient amount it stimulates the sympathetic reflex, which causes contraction of the rectum and the sigmoid and the relaxation of the internal sphincter, and the fecal mass is passed down through the internal sphincter below the anorectal line. As soon as the fecal mass passes below the anorectal line another reflex is brought into action—the reflex that controls the external sphincter, the transverse perineal muscles and the levator ani muscle. The nerve fibers of this reflex do not pass through the sympathetic chain or sympathetic ganglia, but are connected directly with the cord and through the cord to the higher conscious centers. Hence this part of the defecation act which at first is a reflex, becomes in the normal adult a voluntary act, aided by the voluntary muscles of defecation.

This is the point I desire to leave with you. Until the fecal matter has passed the anorectal line the entire act of defecation is under the control of involuntary muscles; but whenever the fecal mass passes beyond the anorectal line it comes under the influence of voluntary muscles. Defecation thus consists of two distinct acts, namely, the involuntary and the voluntary. Both are conscious acts which should be heeded in order to avoid constipation, but voluntary effort put forth before the fecal mass passes the anorectal line inhibits rather than aids defecation. The rule should be if slight effort fails to aid, to wait a short time—take plenty of time at stool.

Ninety-five per cent. of all constipation is spastic and is due to primary accumulation of material in the sigmoid which the individual, because of bad habits, etc., fails to expel, and the idea of fixing the ileocecal valve to remove spastic constipation of the sigmoid is pure fallacy.

MENINGITIS, CEREBROSPINAL (EPIDEMIC)

REPORT ON CASES OCCURRING AT BASE HOSPITAL, CAMP PIKE, ARK.

CHARLES G. BEALL, M.D. (FT. WAYNE, IND.)
Lieut., M. C., U. S. Army
CAMP PIKE, ARK.

This report is not made with the idea of presenting anything new in the treatment or diagnosis of meningitis. It is made for the purpose of calling attention to the value of the practical application of our present knowledge to the cure of the disease.

The evidence appears quite conclusive that the infection enters and leaves the body in the secretions of the nasopharynx. It is not established whether the infection gains entrance to the brain by way of the lymphatics along the course of the cranial nerves, or whether it first enters the blood stream and then localizes in the meninges. The fact that clinical evidence of a general infection, such as hyperesthesia, hematuria, petechial rash or arthritis are sometimes very early symptoms, is suggestive that the infection of the blood stream occurs first and later localizes in the meninges. The recent report by Capt. F. W. Baeslack, of recovering the meningococcus in 36 per cent. of cases in the early stages, is likewise suggestive of this pathogenesis of the disease.

The present state of our knowledge strongly suggests that the disease is transmitted by human carriers and these should be diligently searched for among the intimate associates of the victim of the disease. In civil life, this means, in the case of a child, carriers should be searched for among its schoolmates, playmates and members of its family. In the case of an adult, the search must include the members of his family and the people he comes in intimate contact with in his daily life.

The importance of the early recognition of the disease cannot be too strongly emphasized. The classical symptoms of meningitis, *i. e.*, marked retraction of the head, projectile vomiting, delirium and coma, and paralysis are usually comparatively late symptoms, just as choking and cyanosis are usually late symptoms of diphtheria. The early symptoms of meningitis are the important symptoms, so far as therapy is concerned.

The first signs and symptoms are those of a generalized toxemia. Slight chills are common. The temperature is usually 99 to 101 F., seldom over 102. The pulse may be relatively slow with a rate which changes perceptibly with the respiratory cycle. The face is frequently flushed, the patient lies on the side with the knees flexed. Questions are answered in monosyllables and there is a noticeable dullness and apathy. The patient acts like a sleepy child who does not want to be bothered. The subcutaneous tissues and muscles are tender to pressure and the patient resents being moved. There is almost invariably an infection of the upper respiratory tract, coryza, laryngitis, pharyngitis or bronchitis. Conjunctivitis is common.

The petechial rash at times appears very early and very suddenly. The spots should be looked for all over the body. Their principal charac-

teristic is their failure to disappear when the skin is pressed or stretched in such a way as to leave it bloodless. Headache is the most constant subjective symptom. It may be frontal, occipital, vertical or general and may be of any degree of severity. Rigidity of the neck and Kernig's sign are quite constant early symptoms. There is frequently an alteration of the reflexes, biceps, patellar, Achilles, abdominal, cremasteric. This alteration may consist of an increase, a decrease or absence of the normal reflexes. The plantar reflex may be reversed—Babinski's sign. Multiple arthritis may be an early symptom. Two cases in this series were admitted to the base hospital, with a diagnosis of acute rheumatism.

Suspicion should be aroused at once by the combination of any two or more of the above mentioned symptoms; this suspicion always warrants, even demands, lumbar puncture.

If the case is seen very early the spinal fluid may be perfectly clear and if the symptoms persist, the lumbar puncture should be repeated within twelve hours, as this procedure seems to "bring down" the cells and organisms in the spinal fluid. If the symptoms are typical, even though the spinal fluid is clear, antimeningitis serum should be administered intratranspinously. One such typical clinical case with perfectly clear fluid occurred in this series and serum was given at the time of the puncture. Usually the spinal fluid is cloudy and microscopic examination shows many leukocytes and gram-negative diplococci, which may be intracellular, extracellular or both. A cloudy spinal fluid in an individual without other obvious source of meningitis is a positive indication for the intraspinal administration of antimeningitis serum, even before the fluid is examined microscopically.

After the puncture is made, the fluid is allowed to run out slowly by drops. The flow is easily regulated by the obturator of the needle. Five to 15 c.c. more fluid should be withdrawn than the intended dose of serum. The serum, after warming to body temperature, is allowed to flow in slowly by gravity. Ten to fifteen minutes should be consumed in administering the serum. If the quantity of spinal fluid obtainable is small, say 15 or 20 c.c., it should be replaced by an equal quantity of serum. The dose of serum should never be smaller than 15 c.c., even in a child, and as high as 40 or even 60 c.c. may be given.

If the type of infection is severe or if no improvement has occurred inside of twelve hours, the dose should be repeated then, and in any

event the dose should be repeated every twenty-four hours until there is a very marked clinical improvement or the spinal fluid is clear. Seldom should less than five doses be given, and in one case in this series twenty-two doses were given, a total of 700 c.c. of serum. At times, after six or eight daily doses have been given, it is well to skip a day, as the serum itself seems to be irritating after this number of doses.

The total number of cases of cerebrospinal meningitis that have occurred up to Aug. 1, 1918, at the base hospital, Camp Pike, Ark., is seventy-five. The results are shown in the following tables:

TABLE 1.—TOTAL CASES MENINGITIS, CEREBRO-SPINAL (EPIDEMIC), OCCURRING IN THE BASE HOSPITAL, CAMP PIKE, ARKANSAS, UP TO AUGUST 1, 1918

	Total Cases	Died	Mortality Per Cent.
Treatment begun within 24 hours*	3	0	0
Treatment begun within 48 hours	43	8	18
Treatment begun within 72 hours	14	8	57
Treatment begun within 96 hours	4	2	50
Treatment begun after 96 hours	11	7	63

* Within 24 hours of first symptom of illness.

TABLE 2.

	Total Cases	Died	Mortality Per Cent.
Treatment begun within 48 hours	46	8	17
Treatment begun after 48 hours	29	17	58

Table 2 shows the condensed results in cases receiving treatment within the first forty-eight hours of the beginning of symptoms and the result in cases receiving treatment after forty-eight hours of the beginning of symptoms.

This report is made with the kind permission of Major Arthur A. Small, M. C., former Chief of Medical Service, and Capt. Carl R. Comstock, M. C., the present Chief of Medical Service.

THE declaration "Social health insurance has assumed a position of first importance in public discussion and is now recognized as an inevitable social policy in this country," is made in a resolution adopted by the American Hospital Association at its recent convention in Atlantic City. The resolution directs the board of trustees to make a study of health insurance in its relation to the hospitals and dispensaries and to give such assistance as may be requested in the formulation of plans and legislative bills. All members of national and state hospital associations are urged to cooperate wherever possible in effective solution of health insurance problems.

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EDITORIALS

THE INFLUENZA EPIDEMIC

As we go to press there is an indication that the influenza epidemic which has spread from one end of the country to the other is on the wane. It started in September, and swept over the country during September, October, and November, reaching its peak in the East in the latter part of September and the first of October, and in the West in November.

The epidemic has been traced definitely to influenza cases that landed on our shores from Europe, and the disease has been carried from place to place by persons. Its rapidity of spread, as stated by government reports, is due to its great infectivity, short period of incubation, missed cases, and absence of timely precautionary measures. The earliest cases have often escaped identification, and they, therefore, afforded a cause for rapid dissemination of the disease. Had it not been for pneumonia the disease would not have attracted much attention, for the death rate would not have been greater than occurs every fall and winter in connection with "colds" and bronchial affections, but it is very clear that the influenza paved the way for pneumonia if it did not actually produce it.

In the governmental reports, coming from the various camps, it is noted that the bacteriology of this epidemic, while varied, shows that the streptococcus and pneumococcus have been most frequently found, and it is worthy of note that the bacillus influenzae has in no single instance been the sole invading organism. The pneumonia has been due to infection by a virulent strain of pneumococcus, and, as has been pointed out by numerous observers, the virulence exceeds greatly the strains usually identified in pneumonia.

As preventive measures the government recommends strict isolation of the disease, and reports that where this is carried out rigidly the disease will not spread. Vaccination against

pneumonia is practicable, but such preventive treatment is in the experimental stage as respects influenza. The War Department has offered prophylactic immunization to the officers and soldiers in camps, and several thousand inoculations have been given. The vaccine consists of ten thousand million each of the three types, one, two and three, of the pneumococcus. The dead organisms are suspended in cotton-seed oil, thus making a lippo-vaccine. One dose is administered. The advantage claimed for oil over saline is that the vaccine is more slowly absorbed, and hence the period of "negative phase" with lowered resistance is avoided. It is stated that observations following the use of this vaccine at the various camps indicate not only successful immunization against pneumococcus of Types I, II and III, but also a very low incidence of streptococcus cases among the vaccinated. Pneumonia being the most serious complication, if it can be avoided influenza will be robbed of most of its terrors.

The use of polyvalent antipneumococcus serum in the treatment of pneumonia, as a routine measure in some of the camps, met with questionable success. In some camps where the polyvalent serum was administered the cases ran a much milder course, the patients feeling better, breathing easier, and in many respects being much better off than those patients who did not receive the serum. The important thing in the use of an antiserum is the avoidance of anaphylaxis. This may be accomplished by the intradermal and subcutaneous test, and the technic as followed at some of the camps is the administration intradermally, on the flexor surface of the upper arm, of 0.5 c.c. of a 1 per cent. antipneumococcus serum in sterile saline, controlled by 0.5 c.c. of saline solution introduced at points from 3 to 4 cm. apart on the same level of the skin, followed, if negative, in fifteen minutes by 1 c.c. of straight serum subcutaneously. If the subcutaneous test is found negative it is followed one hour later by 50 c.c. of polyvalent serum intravenously. This dose is repeated from every twelve to twenty-four hours, until the temperature, respiration and pulse warrant its discontinuation.

Among other recommendations for the handling of influenza cases, an order has gone out from the Surgeon-General's Office to the effect that no soldiers be returned to duty until at least ten days after the temperature has become normal, and that all influenza cases shall have at least 100 square feet of floor space and be

screened from each other—the idea being to prevent pneumonia—and that no influenza patients be treated in barracks that are in part occupied by healthy soldiers. The attendants are all masked and great care is exercised in the disinfection of clothing, dressings, and eating utensils used by or around influenza patients. Those who have not come in contact with the disease are recommended to keep in the open as much as possible, to sleep in well ventilated quarters, and to avoid chilling. In fact, the Surgeon-General's Office has seen fit to order that an extra supply of warm clothing and blankets be issued to all soldiers in the camps. However, in efforts to stamp out the disease the War Department states that the prompt recognition of the disease with isolation and efficient sterilization are of prime importance.

Whether we have seen the last of the epidemic is a question not easily decided. By some it is thought that we may have an outbreak next year, but the lessons learned should prove of inestimable value in dealing with any future outbreaks, and if proper care is exercised there should be no such high morbidity and mortality rates as we have had this fall.

INFLUENZA AND QUACKERY

The influenza epidemic has given quacks and charlatans of every description an opportunity to reap a rich harvest and they have taken advantage of it. Our daily newspapers are full of the advertisements of proprietary medicines and quack doctors, with claims to either prevent or cure influenza. The public, ever ready to be humbugged, is spending freely on these swindling games. The worst feature about the whole thing is that those who can least afford the expense and who are most deserving of protection are the ones who take stock in the advertising and are deceived and swindled. It is unfortunate that the laws governing honest advertising are not rigidly enforced, as it also is unfortunate that there isn't a keener sense of honesty among editors and proprietors of lay publications, for without advertising the medical frauds would cease to exist. Some of the better class of newspapers and periodicals have long since barred medical advertising from their columns, and it is hoped that the day will come when all lay publications will cease to accept that kind of advertising. The attitude that should be assumed is well taken by the *News*

and *Sentinel* of Fort Wayne, in an editorial entitled, "Beware of the Healers," under date of December 9, which we herewith reproduce:

This paper must hereafter decline to publish alleged remedies for the influenza that are not vouched for by some respectable member of the medical fraternity. Practically every day some such remedy is offered for publication by a layman with the assurance that it has wrought wonders where given a trial. It may be that in some instances this is true whereas in others it is manifestly untrue, the prescriptions being so weird in character that if the patients survived them the wonder would be greater than that incident to their survival of the disease itself. People who are wise will have in the treatment for influenza nothing whatever to do with "yarb" doctors, faith healers, granny remedies, or whiskey straight. The only thing to do if stricken is to summon some reputable physician and follow his orders. The medical montebanks and a host of possibly honest but certainly foolish laymen are fairly reveling in the present situation and the public should beware. This is one of the occasions when quackery should be ruthlessly frowned down.

We wish there were more newspaper owners who place honor above dollars and who do not possess that elastic conscience which leads to the acceptance of medical advertising because others do it and also because it brings a profit that usually is greater than the profit derived from any other class of advertising. The force of example is great, but oftentimes the force is in the wrong direction. Let us hope that the example set by the paper above quoted will be far-reaching in its effect.

CREDIT WHERE CREDIT IS DUE

DECEMBER 2, 1918.

Dear Doctor:—As the work of the Medical Department of the Selective Service in Indiana draws to a close, the Medical Aide to the Governor desires to express his personal congratulations to the medical members of the draft boards and all the members of the Medical Advisory Boards who have brought distinction to Indiana because of the remarkable excellence of the work of physical examination done by our boards.

Recognition is due to men who, without hope or reward of any kind, have quietly and zealously, unobserved and unacclaimed done their full duty. The newspapers are acknowledging the patriotic services of the doctors who worked for "Uncle Sam" at home. The newly formed society of medical veterans of the World's War is welcoming all medical members of local

Boards and members of Medical Advisory Boards to membership. It is fair to assume that this recognition comes because of the conspicuously efficient and highly patriotic work done by the loyal American medical profession.

The medical profession of Indiana has sent to camp enough doctors to supply a full quota of medical officers for all of her troops of every branch, and in addition has placed a generous surplus of medical volunteers at the service of our country. All of these Indiana members of the Medical Corps have made honorable records. Our medical draft officers have made a record unsurpassed in the nation. Have we not just cause to be proud of the glorious record of the Hoosier doctors?

Very truly yours,

JOSEPH R. EASTMAN,
Major, Medical Division,
Medical Aide to Governor.

HELP

Many members of your Society are in service.

Secretaries who have served for several years are away and new officers, however zealous, have not yet learned the "ropes."

You have been so busy with the "flu" that your county organization has held few or no meetings.

Official records are so incomplete that we don't know whether doctors are at home, in training camps, or in France.

The legislature meets in January. This means ceaseless vigilance to protect our present medical law from those cults who favor the get-rich-quick method of treatment.

We are "up against" it if you fail to help.

We are raising no advertising or lobby fund, but we **MUST HAVE YOUR DUES.**

Don't wait for the secretary to notify you. If he's a new one, find out who and where he is and send him your check for state and county dues. The state dues are \$4.00.

The government demands an up-to-the-minute circulation statement from the management of The Journal, so that if you are delinquent it will be impossible to carry your subscription as has been done in the past.

Buy yourself a subscription for Christmas. **DO IT NOW. HELP!**

F. E. SCHORTEMEIER,
Executive Secretary.

INCONSISTENCY IN THE MANAGEMENT OF OUR INFLUENZA EPIDEMIC

It is very evident that our state and municipal boards of health, and even national public health authorities, have not only been negligent in their efforts to keep influenza from ravaging the country, but have been inconsistent in their methods of handling the present epidemic which has resulted in consequence of their lack of vigilance.

In the first place, there is no reason why influenza should have become such a serious malady from one end of the United States to the other, for our public health officers were perfectly cognizant of the fact that influenza was epidemic in Europe in a virulent form and there taking a terrible toll of human life. It reached this country through one way, and one way only, and that is by vessels coming from Europe. Our health authorities knew that some of the troops and civilians returning from Europe were suffering from influenza when they landed here, and the sensible thing to have done would have been to quarantine all suspected cases and to isolate even those who had been in contact with such suspected cases. The infectious character of the disease was known, and there was no more reason why quarantine should not have been established than that quarantine should not be established in scarlet fever, diphtheria, or yellow fever. Very naturally the cases that were taken to the open wards of our hospitals or were permitted to go to their homes made it possible for a spread of the disease, and even after the disease began to take its toll in thousands our health authorities, in some respects, were as lax as they were in the beginning in efforts to check the spread of the malady. In fact, most of our health authorities seem to have lost their heads completely and recommended measures that were not only unnecessary but thoroughly inconsistent. The spread of influenza may have been checked to some extent by the closing of schools, theaters, and churches and placing a ban on public gatherings of every description, but the good accomplished in that way has been nullified by the total disregard of the necessity of isolating the disease. The wearing of masks by all persons, as ordinarily practiced in any community where such a recommendation has been followed, is worse than useless, for not only have the masks been insanitary and uncomfortable affairs, that are worn one minute and removed the next —

as often with the infected side to the mouth as otherwise—but they have failed to reach the real seat of the trouble. Whenever health authorities consider influenza as they consider scarlet fever, diphtheria, or any other highly infectious disease, and institute a proper quarantine, then, and then only, will the epidemic be wiped out. All influenza cases should be isolated and not seen or visited except by nurses or doctors who should wear masks when attending such cases, and the same precautions as to disinfection and sterilization should be adopted as are in force in connection with diphtheria or scarlet fever cases. Furthermore, the convalescent patient should be kept under quarantine until he is reasonably free of infection, for it is an established fact that these influenza cases are germ carriers for from one to two weeks after they have apparently recovered from the disease.

The closing of schools, theaters, and public meeting places goes only a short way toward stamping out this scourge which already has caused more deaths in the United States than have occurred among our troops in the great world war. The recommendation that gauze masks be worn generally is helping but little to prevent the spread of an epidemic that is being fed by virulent cases that are permitted to run loose in the streets or to be visited promiscuously by friends and relatives. Instead of putting hundreds of thousands of perfectly healthy persons to annoyance, inconvenience and expense, why not get at the root of the evil and shut up the disease carriers? We are emphatically in sympathy with and will support all rational efforts to suppress disease and preserve public health, but the present attitude of our health authorities is inconsistent and does not exhibit the good sense and sound judgment that usually characterizes public health work.

THE BACTERIOLOGY OF THE PRESENT EPIDEMIC OF INFLUENZA

WILL SHIMER

Of the State Laboratory

The present epidemic of influenza complicated by pneumonia is a most perplexing problem. It seems to be the general conclusion that influenza of itself does not cause death but does prepare the soil for other bacteria in the lungs.

The infectious material of influenza, even in high dilutions, causes the disease, so that it is practically impossible to stop an epidemic. Practically everybody is infected and 25 per

cent. of all persons show marked symptoms of the disease.

Influenza bacilli persist for a long time in the nasopharynx so that the number of convalescent and contact carriers is always very high. The influenza bacilli seems to attack every tissue and organ. In some it seems to be of the intestinal type; in others the nervous, while in still others the respiratory tract type disease.

The pneumonia, which is due to a secondary infection with some other organism in addition to the influenza, is seldom caused by Types I or II pneumococci, but by Types III or IV. The character of Type III pneumococci is uncertain, and some bacteriologists question whether it should be included among the pneumococci at all. It is usually called streptococcus mucosus. However, it is agglutinated by its type sera and does not produce hemolysis on fresh blood. No potent specific curative serum against Type III has ever been produced.

Type IV pneumococci is a sort of "catch-all" cocci that have the cultural characteristic of pneumococci but do not agglutinate by the other sera and are usually thrown into Type IV.

We also find streptococcus hemolyticus; the common type of streptococci which is the causative factor in most severe streptococcal infections. However, the streptococci found in influenza pneumonia do not produce the usual general septicemia.

The relation of influenza to the other bacteria may be somewhat analogous to the causative factor of hog cholera and the hog cholera bacilli. The latter is usually the cause of death while the former is the cause of the first symptoms.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

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Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Wherever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

PAY your medical society dues now while you are reminded of it!

WITH January 1 we begin with a new mailing list. To receive the January number of *THE JOURNAL* it will be necessary for you to pay your medical society dues in December. There is no excuse for delay, and this is no time for slackers.

EVIDENTLY Pershing knew what he was talking about when, in addressing the American soldiers on the eve of the drive of the allies that began early last fall, he is reported to have said that the troops had in store for them "Hell, Heaven and Hoboken by Christmas."

AT ten o'clock on the morning of November 11 the War Department discontinued the commissioning of physicians in the Medical Corps. This condition, in all probability, is permanent and no further consideration will be given applicants for a commission in the Medical Corps until further notice.

PEACE!—We wonder if it really will mean as much to us as we thought it would! The war has brought about many changes in our commercial and social life, and it is a question if the conclusion of the world war will not be followed by industrial disturbances that are almost as threatening as what we have gone through.

SOME numbers of *THE JOURNAL* during the past year have seemed a little slim. However, our readers can appreciate the reason when they take into consideration the greatly increased cost of publication. Not only has the cost of labor and material enormously advanced since the war began, but even postage and express rates have increased; but the members of the association are paying the same old price for *THE JOURNAL*. Lucky are we that we can make both ends meet, but we manage to do it.

THERE is really no excuse for the kind of mail service we are having at the present time. One can go from Fort Wayne to Indianapolis in less than five hours, by either train or limited interurban, and yet it is a regular thing to have letters in transit a good portion of three days. The mail service between Fort Wayne and Chicago is but a little better, as letters frequently require thirty-six hours from the time of mailing until they are delivered at their destination. The express service is even worse, and no satisfaction is secured by offering complaint. Thus are we enjoying the blessings of government ownership!

IN California they revoke the licenses of the drugless healers, such as osteopaths and chiropractors, when they attempt to practice regular medicine. Not so in Indiana. Here the osteopaths and chiropractors use drugs and even write prescriptions without a word of protest from anyone. We scarcely see the necessity of having a medical law in this state except as a means for prosecuting regular physicians who, if they attempt to practice without complying with all the formalities of the Board of Medical Registration and Examination, are summarily dealt with.

ALL of the doctors are busy, especially in those localities where influenza is epidemic, but it should be possible for them to meet together with reasonable regularity, and thus keep up their medical organizations. During this month the county medical societies should hold elections, and it is quite important that secretaries be selected who will be active. The collection of the medical society dues is a matter that must be undertaken at once, and to the secretaries will fall this duty. There should be no delay in carrying out this important part of our medical organization duties.

AN item in the October number of *THE JOURNAL* stated that 565 men had been returned from the Army on account of being tuberculous and that 161 of these were Indiana men. We desire to correct this with the statement that 161 Indiana men in one group were returned home because of tuberculosis, making 535 Indiana men to date who have been discharged from the Army because of this disease. Later reports give the number now as 740 Indiana men returned to their homes, discharged from the Army because of tuberculosis. Indiana has a great duty before her in giving proper care to these 740 afflicted men.

Now is a good time for our health boards to recognize pneumonia as a quarantinable disease. The present influenza epidemic indicates clearly that pneumonia is a disease that should be isolated, and those who are caring for pneumonia cases should take all the precautions that are taken in highly infectious diseases. Nurses and doctors who are forced to be close to the pneumonia patients for examination and for care should wear gauze masks, and the dressings, clothing, fever thermometers, and eating utensils should be sterilized. These rules should form a part of those issued by health authorities, but of prime importance is the securing of the unquestioned legal right to quarantine the cases.

MANY of our members who are in military service and moving about complain that they do not receive *THE JOURNAL* regularly. It is absolutely impossible for us to keep our mailing list up to date when notices of removal come just too late for the current number, and as a result the changes of address are not correct for succeeding numbers. We have attempted to send *THE JOURNAL* to subscribers wherever located, and to make monthly changes of address if necessary, but we confess that the movement of some of our subscribers who are in military service has been too rapid for us to keep up with. All we can say is that if any subscriber desires to have back numbers to complete files we shall be pleased to forward the same as long as our reserve supply lasts.

THE laity must prepare for a change of attitude concerning shell shock. Medical authorities everywhere are eliminating "shell shock" from the list of conditions requiring medical attention, and supplanting it with the word hysteria, in view of the opinion of our leading neurologists that so-called shell shock is nothing more than genuine hysteria. Fortunately, the hysteria found in military service is almost without exception curable under appropriate management, though it is an intractable thing when nursed along as it was early in the history of the war, before the true nature of the manifestation was recognized. It will be one of the medical military problems, among many bequeathed by the war, requiring expert attention.

WE have received some additions to the list of Indiana physicians in military service, as published in the last number of *THE JOURNAL*. They are as follows: Hendricks County, Drs. E. L. Lingeman and Bryon Lingeman, both of Brownsville, and Dr. E. D. Thixtun of North Salem. This makes eight commissioned doctors in Hendricks County instead of five. Also, in Marion County, the names of Lieut.-Col. Larue D. Carter and Major John W. Emhardt, both of Indianapolis, were omitted. As mentioned in an editorial note in the October number, this list was furnished by the Surgeon-General's Office at Washington, and although supposed to be accurate, contained many inaccuracies. Not only this office but the Surgeon-General's Office as well will be glad to make corrections.

THROUGHOUT the entire course of the war the medical profession has made a splendid record. The Medical and Surgical Department

of the government, in spite of its enormous and rapid extension and difficult problems to be overcome, is about the only department of the government that has not come in for charges of extravagance, inefficiency, and graft. Doctors may have the reputation of not being good business men when it comes to caring for their own financial affairs, but the hundreds of doctors who have been in responsible managerial positions in connection with our war activities have demonstrated beyond a question of doubt that they possess keen business insight and ability. In fact, they have gone ahead of many of the officers of the government who are supposed to be models of business efficiency.

INFLUENZA and its sequel, pneumonia, has reaped a rich harvest in the medical profession, as has been evidenced by the obituary notices appearing in medical journals. While it may be true that many doctors have not adopted the recognized precautions to prevent taking the disease, yet in all fairness it must be stated that many doctors have contracted the disease because through overwork and an attending lowered resisting power they have been an easy prey to an infection that it is scarcely possible to avoid when constantly in attendance on it. The men who have battled with this epidemic are soldiers in the truest sense, and have faced danger with just as much willingness as our doctors have faced the machine guns on the battle fields of Europe, and many of them have paid the penalty with their lives.

THE German people are guilty of all of the crimes of the calendar, but now are asking for magnanimous treatment in the name of humanity. A famous English admiral has said that the German soldier and the German sailor is naturally cruel, but that he is a squealer when he gets in a tight place. The Germans were content to maim and murder the innocent, pillage, burn and destroy property, but just as soon as the allied airmen began dropping bombs on Rhine towns the German people put up a squeal that was pathetic and began to talk about "inhumanity." Now that the war is over, and Germany has had to sue for peace, the German people expect magnanimity in return for all of their crimes, and they ask it in the name of humanity! In the name of all that is just and fair we hope that they will pay a penalty for conduct that for brutality the like of which has never been known before in the history of the world.

JUST why the President and his cabinet should consider it advisable to continue government ownership of the railroads, express companies, telegraph and telephone is difficult to understand. We never have had such abominable and such expensive service as we have had under government ownership, and probably nine-tenths of the people are opposed to government ownership. Private ownership and control of railroads, telegraph, telephone and express, but under government *regulation*, is something to be desired, and will insure the cheapest and most efficient service. Government ownership, even in Germany where it is supposed to be most satisfactory, has not proved superior to private ownership, either in cost or efficiency, and it has the objection of being a juicy plum of gigantic proportions to be used as a political football.

SOME interesting stories are coming out of the war and, of course, more are to follow, not a few of which may have been handed down from other wars. It is well known that commissioned officers of the lowest rank take a special joy in exercising their authority, and oftentimes in an offensive way. The second lieutenant who lords it over the privates and rules with an iron hand is not apt to be very popular, and it is known that more than one private has remarked that after the war is over one of his first duties will be to give some over-officious second lieutenant a sound thrashing to repay him for grievances arising directly through the mistaken notion that military authority carries with it the license for almost any kind of exaction, imposition or insult. As an evidence that the higher a man gets the more human he is, a story is told of a general who met a new recruit and, as an after thought, noticing that the recruit did not salute, said: "Don't you know that military regulations require that you salute an officer? I don't mind if you forget to salute me, but sometime you may forget to salute a second lieutenant, and then hell will be to pay."

THE Owl Drug Company, with twenty-nine retail stores located on the Pacific Coast and in the Middle West, has come out with the announcement that beginning December 1 no preparations for the self-treatment of venereal diseases will be sold in their stores. When such preparations are called for the salesman is instructed to explain the new policy of the company and give the customer a carefully prepared confidential circular which explains the seriousness of all venereal diseases and the importance

of consulting a reliable physician, and a list of such will be furnished on request. Standard preparations, recognized by the profession, will be carried in the prescription room and sold only on orders from a physician. This innovation by the Owl Drug Company was decided on after the management gave due consideration to the report of the Surgeon-General of the United States Army showing an alarming prevalence of venereal disease among the civilians who were examined preparatory to entering the Army. This action is a step in the right direction, and if followed by every drug company in the United States would be a big factor in bringing venereal diseases under control.

VACCINATION against pneumonia. The experiments of the Army Medical Corps with vaccination against pneumonia due to the pneumococcus, Types I, II and III, in two of the Army camps have had so much apparent success that a memorandum has been issued to officers, enlisted men, and employees of the War Department, announcing that this prophylactic vaccination is available to all who desire it. At Camp Upton, during a period of ten weeks, no cases of pneumonia due to the types of pneumococcus mentioned, occurred among vaccinated troops, and pneumonia due to other organisms was only one-tenth as high among vaccinated as among the unvaccinated, although previous to vaccination the pneumonia had occurred equally in the two groups. The vaccine employed is a lipovaccine. It is given in a single injection, containing pneumococci, Types I, II and III. Reactions from injections, etc., are, as a rule, less pronounced than after the use of antityphoid vaccination. The vaccination is not intended to cure those who are ill with pneumonia, and it is not advised for persons who are suffering from acute colds or fever.—*The Journal of the A. M. A.*, November 23, 1918.

SOME of our health boards seem to be undecided as to just how much power they possess under the law. A few of them claim that they haven't the right to quarantine influenza cases, and yet they find that they have the power—or at least they assume the power—to close theaters, moving picture houses, schools, and churches, and place a ban on all public gatherings. Certainly if they have the power to do this they have the power to shut up a few cases of highly infectious disease that is a menace to the health and lives of the community. In reality, the public will sustain all

rational efforts to stamp out an epidemic of any kind. In fact, the public has stood for the closing order in some localities where it is questioned if such drastic action was necessary. The public in some localities has stood for the general wearing of masks, though such a practice is of doubtful value, and has the added objection of being insanitary and unhealthful. If the public will stand for a muzzling of that kind it certainly will stand for the quarantining of existing and suspected cases, and in reality the isolation of all influenza and pneumonia cases, as well as the adherence to appropriate sanitary rules by those who are caring for such cases, will do more to stamp out the disease than anything else.

WHILE it is true that many of the 35,000 or more doctors belonging to the Medical Reserve Corps will receive honorable discharge within the next few weeks, necessity will compel the War Department to retain several thousand medical officers to assist in caring for sick and wounded soldiers and to take care of the medical end of a large standing army that will be necessary for many months to come. It will not be surprising if many doctors who have grown to enjoy military service will now enlist in the regular army and continue military service in that way. There are certain advantages attached to military service that do not apply to civilian practice, and in peace times the disadvantages are hardly worth mentioning. Remuneration is not large, but it is regular and sure, and there is no worry over equipment or competition in securing work. There is also the possibility that many American physicians who are serving overseas may desire to remain in Europe and begin civilian practice there where the need of medical men is great, and undoubtedly unusual inducements will be made to American physicians to remain to partially fill the depleted ranks in the medical profession there. The reconstruction period everywhere is bound to make many changes, and this will apply to the medical profession as well as to all other vocations.

DURING September when the influenza epidemic was at its height the War Department sent out orders to the effect that there should be no more mobilization of recruits or any more transferring of troops than necessary until after the subsidence of the epidemic. Through some error of commission or omission the War Department orders had no effect at Winona, Ind., where several hundred raw recruits were mobilized right during the time that

influenza was epidemic in many sections in Indiana, and especially marked in northern Indiana. The result was that the recruits, brought in groups of two or more from various sections of the state—some coming from influenza infected sections—soon became involved in an epidemic which went through the camp. The large number of cases, and the limited medical and surgical force, made it impossible to care for the epidemic in anything like a satisfactory manner. The fatalities, nearly all from pneumonia, were no greater in proportion than elsewhere where the disease has continued in epidemic form, but very just criticism has been directed toward those who were responsible for the mobilization at a time when influenza was epidemic throughout the state and the War Department was taking cognizance of the danger by issuing orders to the effect that mobilization should cease temporarily. Someone must have blundered.

DEATHS

MRS. LENA CUNNINGHAM, wife of Dr. John M. Cunningham of Indianapolis, died November 10.

WILLIAM BOWMAN, M.D., of Marion, died November 7 in a sanitarium at Indiana Harbor; aged 70 years.

CATHERINE LIBKA, superintendent of the surgery at the City Hospital, Indianapolis, died November 24, from pneumonia, following influenza.

JAMES P. ORR, M.D., Lebanon, died November 6. Dr. Orr was born in 1831, and graduated from the Eclectic Medical College, Cincinnati, in 1860.

MRS. LUCY PORTER, widow of the late Dr. Albert G. Porter of Terre Haute, died November 6, of influenza, just ten days after the death of Dr. Porter.

MILTON C. VEST, M.D., Greensburg, died November 4, following a long illness from cancer; aged 68 years. Graduate of Kentucky School of Medicine.

DANIEL A. HOLLIDAY, M.D., Fairmount, died November 24, aged 59 years. Dr. Holliday graduated from the Kentucky School of Medicine in the class of 1893.

ELBERT C. LINVILLE, M.D., residing near Shelbyville, died November 10, from influenza; aged 47 years. Graduated from Indiana Medical College, Indianapolis, in 1904.

CALEB J. HORTON, M.D., Rossville, died October 24, aged 47 years. He was born near Vevay, Ind., graduated from the Kentucky School of Medicine and Post-Graduate Medical School of Chicago.

STANLEY W. EDWINS, M.D., Elwood, took his own life on November 16. Dr. Edwins was 74 years of age; graduated from the Cincinnati College of Medicine and Surgery in 1870, and served as surgeon in the Civil War, with the rank of captain.

ROBERT Q. TAVINER, M.D., Huntington, died December 9, following an illness of two years from cancer of the stomach. Aged 45 years. He graduated from the Illinois Medical College, Chicago, in 1905, but had not been in active practice for several years.

WINFIELD SCOTT FAULDS, M.D., first lieutenant in the Medical Reserve Corps, with Base Hospital No. 7, in France, died recently from influenza in France. Dr. Faulds practiced medicine at Gary for a number of years, and enlisted in the Medical Reserve Corps at the beginning of the war.

HENRY J. TOLD, M.D., Florence, died October 31; aged 35 years. Dr. Told was born in Switzerland County in 1883, and graduated from Northwestern University School of Medicine in 1907. He was a member of the Switzerland County Medical Society and the Indiana State Medical Association.

WALTER F. PAYNE, M.D., Prairie Creek, died October 21, of pneumonia and meningitis, following influenza. Dr. Payne was born in 1881, graduated from the State College of Physicians and Surgeons, Indianapolis, in 1907, and had practiced medicine at Prairie Creek for the past ten years. He was a member of the Vigo County Medical Society and the Indiana State Medical Association.

ALBERT G. PORTER, M.D., of Terre Haute, died October 26, of pneumonia, following influenza, aged 38 years. Dr. Porter was born in 1880, graduated from the Indiana University School of Medicine in 1909, and was a

member of the Vigo County Medical Society, the Indiana State Medical Association, and the American Medical Association. At the time of his death he was serving as police surgeon for the city of Terre Haute.

LEORA FRANKLIN HICKS, M.D., Amo, died October 27, while on duty as assistant surgeon at the base hospital at Nitro, W. Va., aged 44 years. Dr. Hicks was born near Mount Meridian, in 1874, graduated from the Medical College of Indiana in 1901, began the practice of medicine at Stilesville, and removed to Amo in 1914. He was a member of the Hendricks County Medical Society, the Indiana State Medical Association, and the American Medical Association.

DAVID J. MERCER, M.D., Poe, died November 24, at the Lutheran Hospital, Fort Wayne, from pneumnoia, following influenza. Dr. Mercer was born in Marion township, in 1878, graduated from the Fort Wayne Medical College in 1901, and began the practice of medicine at Helmer, Ind., removing to Poe in one and one-half years, where he has resided continuously since. He was a member of the Fort Wayne Medical Society, the Indiana State Medical Association and the American Medical Association.

CHARLES J. FINNEY, M.D., Attica, died November 12, following an attack of acute indigestion. Dr. Finney was born in Attica, March 18, 1859, graduated from the Attica public schools, Wabash College, Jefferson Medical College, Philadelphia, and Bellevue Hospital Medical School, New York City, locating in Attica for the practice of medicine in 1887, where he continued to practice until his sudden death. He was a member of the Fountain-Warren Medical Society and the Indiana State Medical Association.

FRANK M. MITCHELL, M.D., Liberty, was instantly killed October 28, when his automobile was struck by an engine on the C. & O. Railroad. Dr. Mitchell was born in 1873, graduated from Central College of Physicians and Surgeons, Indianapolis, in 1903, practiced medicine at Everton twelve years, and located at Liberty three years ago. He had served in the Medical Corps in the Spanish-American War, with rank of lieutenant. He was a member of the Union County Medical Society, the Indiana State Medical Association, and American Medical Association.

JULIAN O. WALTER, M.D., Bristol, died October 24, from pneumonia, following influenza. Dr. Walter was born in Middlebury, in 1883, graduated from the Indiana University School of Medicine in 1912, and had practiced medicine at Bristol for the past six years. He was a member of the local draft board, on which he had served since July 2, 1917; was a member of the Elkhart County Medical Society, the Indiana State Medical Association and the American Medical Association.

NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

GENERAL

LIEUT. FRED A. METTS, M. C., of Bluffton, is now overseas.

DR. CHARLES SELLERS of Hartford City has sailed for overseas duty.

LIEUT. VINCENT L. HODGES of St. Paul has been stationed at Fort Riley, Kan.

DR. E. F. STEINKAMP of Huntingburg left in November for duty at Fort Riley, Kan.

CAPT. PAYSON NUSBAUM of Middlebury, in France, has been promoted to the rank of major.

DR. JAMES W. VANSANDT of Carbon was married November 27 to Miss Grance Elder of Clinton.

LIEUT. JOHN H. BULL of Indianapolis was ordered for military duty at Camp Dodge, Iowa, November 10.

DR. W. GRANT HUFFMAN of Richmond received his commission as captain in the Medical Reserve Corps.

DR. JOHN N. HESS of New Marion recently underwent an operation for hernia at the Denny Hospital, Madison.

LIEUT. EMIL G. WINTER of Indianapolis has arrived safely overseas, according to word received by his wife.

DR. JOSEPH RICKER of Terre Haute has been commissioned first lieutenant and ordered to Fort Oglethorpe, Ga.

DR. ALFRED EDWIN RHEIN of Rosedale was married November 5 to Miss Susan Pillars Miller of Terre Haute.

DR. C. O. MURPHY has been elected a member of the city board of health of Franklin to succeed Dr. J. W. Dill.

THE Indianapolis Medical Society held no meetings from October 7 to November 5, owing to the influenza epidemic.

DR. EDWARD HAY of Silver Lake has been transferred from Fort Oglethorpe, Ga., to Camp Leach, Washington, D. C.

LIEUT. H. A. RAY of Fort Wayne has received orders to report at Hoboken, N. J., probably for overseas duty.

LIEUT. AUBREY C. PEBWORTH of Indianapolis, now in France, has been assigned to Base Hospital No. 116 "over there."

DR. O. W. RIDGEWAY of Indianapolis has returned from a short visit in Canada, accompanied by his daughter, Enid.

DR. C. W. COREY of Hartford City has received commission as first lieutenant and ordered to Camp Taylor, Ky.

LIEUT. WILL F. CRAFT of Linton, who has been stationed at Fort Oglethorpe, has been transferred to Pennsylvania.

DR. C. F. BUSSARD of South Bend has been commissioned first lieutenant in the U. S. Naval Reserve, Medical Department.

DR. B. H. B. GRAYSTON of Huntington has been appointed contract surgeon for the S. A. T. C. unit at Huntington College.

WORK is progressing rapidly on the new building of the Indiana University School of Medicine on the Long Hospital grounds.

DR. G. A. PETERSDORF of Indianapolis has been commissioned captain in the Medical Reserve Corps and sent to Fort Riley, Kan.

WORD has been received of the meeting in France of Dr. Paul Tindall of Greensburg and Dr. Curtis Bland, formerly of Greensburg.

DR. L. W. SMITH of Warren arrived safely in France on the eve of the signing of the armistice, according to word received by Mrs. Smith.

DR. CONRAD MARXER of Indianapolis, with a commission of captain in the Medical Reserve Corps, has been stationed at Fort Oglethorpe, Ga.

DR. C. E. BRISCOE, coroner of Floyd County, has been commissioned captain in the Medical Reserve Corps and stationed at Camp Greenleaf.

DR. RALPH S. CHAPPELL of Indianapolis has been commissioned as captain in the Medical Reserve Corps and stationed now at Fort Riley, Kan.

WORD has been received of the safe arrival in France of Dr. A. L. Knapp of Mishawaka. Dr. Knapp is staff surgeon of base hospital No. 72.

DR. JOHN C. MAST of Elkhart has been appointed to fill the vacancy left by the death of Dr. J. O. Walter on the Elkhart County draft board.

DR. MAURICE I. LOHMAN has been appointed health commissioner of the city of Fort Wayne during the absence of Dr. Eric Crull in military service.

DR. AUSTIN I. DONALDSON of Washington has received his commission of captain in the Medical Reserve Corps and is stationed at Fort Oglethorpe.

CAPT. ARTHUR L. KNAPP of South Bend has been ordered for overseas duty. He has been connected with Base Hospital No. 2 at Camp Gordon.

DR. C. R. LABIER of Terre Haute has been appointed police surgeon to fill the vacancy left by Dr. John Hewitt who entered military service.

DR. HERMAN MORGAN of Indianapolis has been appointed the Indiana representative on the federal board for fight against venereal diseases.

DR. WALTER F. KELLEY of Irvington, with commission as captain in the Medical Reserve Corps, reported at Fort Riley, Kan., on November 10.

DR. R. W. WILLEFORD of Washington has located at Forest for the practice of medicine during the absence of Dr. Compton in military service.

DR. FRANK P. REID of Indianapolis, assistant police surgeon, has been commissioned captain in the Medical Reserve Corps and sent to Fort Riley, Kan.

DR. JOHN W. LITTLE of Indianapolis has received commission of captain in the Medical Reserve Corps and been stationed at Fort Oglethorpe, Ga.

DR. CHARLES E. SAVERY of South Bend has been commissioned first lieutenant in the Medical Reserve Corps and left November 1 for Fort Riley, Kan.

DR. R. E. COLE of Muncie has been granted a commission as first lieutenant and sent to the Army Laboratory at New Haven, Conn., for special work.

DR. L. C. BICE of Edinburg has been commissioned captain in the Medical Reserve Corps and reported at Camp Oglethorpe the middle of November.

DR. J. H. CLARK has been appointed secretary of the Connersville Health Board to fill the vacancy left by Lieut. J. S. Leffel, who entered military service.

DR. C. M. JACKSON of Elizabethtown was commissioned first lieutenant in the Medical Reserve Corps and ordered to Camp Funston, Kan., November 15.

ONE of the rules adopted by the Brown County Board of Health in the recent influenza epidemic was that all children found on the streets were arrested.

CAPT. JOHN E. ROBINSON of Geetingsville, officer in charge of the Speedway Camp at Indianapolis, spent Thanksgiving at home, making the trip by aeroplane.

CAPT. GEORGE S. BREEDLOVE, formerly of Martinsville, Ind., now serving at U. S. Army Hospital, Fort Bliss, Texas, has been promoted to the rank of major.

DR. HARRY J. WEIL of Indianapolis, in the United States Naval Reserve Corps, has reported at the Naval Medical School, Washington, D. C., for service.

WORD has been received that Col. T. Victor Keene of Indianapolis, head of Base Hospital No. 70 in France, has been ill of double pneumonia following influenza.

DR. G. R. FINCH of Center Point has been commissioned first lieutenant in the Medical Reserve Corps and stationed at Fort Oglethorpe.

DR. H. W. GRIEST of Monticello has been appointed health commissioner of White County to fill the vacancy left by Dr. Williams, who has entered military service.

DR. HOMER E. GLOCK of Fort Wayne received his commission of first lieutenant in the Medical Reserve Corps and left November 10 for Fort Oglethorpe, Ga.

DR. B. B. MORROW of Muncie, who spent the month of October at Canton, Ohio, and in central Pennsylvania with the U. S. Public Health Service, has returned home.

AFTER several months' service in the Medical Reserve Corps at Snoqualmie, Wash., Lieut. C. C. Rozelle of LaGrange has been transferred to Camp Mineola, Long Island.

DR. G. G. WIMMER of Mount Etna has accepted a commission of first lieutenant in the Medical Reserve Corps and left the latter part of November for Fort Oglethorpe, Ga.

DR. S. C. WAGNER of Wakarusa has received his commission in the Medical Reserve Corps and stationed at Fort Riley, Kan. His departure left but one physician in Wakarusa.

DR. J. S. LEFFEL, City Health Officer of Connorsville, has been commissioned first lieutenant in the Medical Reserve Corps and sent to Camp Greenleaf, Fort Oglethorpe, Ga.

THE Columbus (Ind.) *Ledger* has adopted the "clean advertising" policy and refused to accept the advertising of patent medicines as also to give space to advertising doctors.

DR. ELEANOR SCULL of Gary, who has been associated in practice with Drs. G. S. Green and T. B. Templin, has gone to New York to engage in medical work for the government.

DRS. C. E. BRISCOE, J. W. BAXTER AND J. E. BIRD, all of New Albany, recently have received commissions as captains in the Medical Reserve Corps, and ordered to Fort Oglethorpe.

DR. D. S. QUICKEL of Anderson has been appointed president of the city board of health to succeed Dr. O. E. McWilliams, who is with the Medical Reserve Corps at Camp Sherman.

DR. W. L. OWEN of South Bend has been released from duty on Exemption Board No. 1, commissioned captain in the Medical Reserve Department, and sent to Fort Oglethorpe, Ga.

DR. J. G. L. MYERS of Bloomington, who retired several years ago from active practice, has resumed practice at Bloomington because of the shortage of physicians and the great need.

WORD has been received that Lieut. L. C. Sammons of Shelbyville has been promoted to chief of the Department of Physio-Therapy at the U. S. General Hospital No. 3 at Rahway, N. J.

CAPT. EARL G. COVERDALE visited his home in Decatur the middle of November en route from Camp Greenleaf, Ga., to Hoboken, N. J. He expected to be ordered for overseas duty shortly.

ANNOUNCEMENT has been made of the promotion of Capt. Parvin Caplinger, M. R. C., of Wallace, to the rank of major. Major Caplinger has been stationed at Camp Logan, Texas.

THE Floyd County Medical Society, instead of giving a banquet at their regular annual meeting in December, gave the money for the support of a French war orphan during the coming year.

THE Indiana Society for Mental Hygiene will meet at Indianapolis December 16, and the general theme to be considered will be "What We Have Learned About Mental Health During the War."

DR. WILLIAM H. LONG of Indianapolis has been granted leave of absence from duty as contagious disease inspector of the city board of health, and reported for military duty at Fort Riley, Kan.

DR. LOUIS H. SEGAR of Indianapolis, who has been stationed at the Massachusetts Institute of Technology for the last year, has been promoted from the rank of lieutenant to that of senior lieutenant, U. S. N.

DR. B. D. MEYERS of Bloomington attended the conference of the American Council of Education in Chicago the middle of November. He represented the American Association of Medical Colleges at the meeting.

DR. E. B. FLAVIN of Logansport left November 2 for Fort Oglethorpe, Ga., having been commissioned first lieutenant. Dr. Charles A. Ballard, also of Logansport, left November 11 for military service at Colonia, N. J.

CAPT. J. E. P. HOLLAND of Bloomington, who has been in military service at Fort Oglethorpe, Ga., has been given an honorable discharge from military duty because of defective hearing. He will resume his practice.

ANNOUNCEMENT has just been made of the marriage of Lieut. H. Dwight Brickley of near Bluffton to Miss Ina Agar, superintendent of the Wells County Hospital, which took place in New York a couple of months ago.

LIEUT. HARRISON S. THURSTON, U. S. N. R. F. Medical Corps, has succeeded Commander J. A. Bell, United States Navy, retired, as commanding officer at the United States Navy submobilization station in Indianapolis.

DR. ARTHUR BAUER of Lafayette, who has been in military service at Fort Oglethorpe, with commission as first lieutenant, has been given a temporary discharge because of physical defects. He plans to have a surgical operation to remedy the defect and return to military duty.

DR. HERBERT T. WAGNER of Indianapolis, who left in September for service in a Red Cross hospital in France, but on the eve of his departure was recalled to assist in the influenza epidemic at Perth Amboy, N. J., has arrived safely in France, according to cablegram received.

WORD has been received that Major John H. Gilpin, who has been in military service in the front lines in France, has been injured by shrapnel while on duty in base hospital just behind the lines on the western front. The report states that he is making a satisfactory recovery.

WORD has been received from Lieut. Frank V. Carney, in military service in France, that he was spending a three weeks' vacation in northern Scotland. He had been suffering from the effects of gassing (received the first week in August), complicated with an attack of influenza, and had been ordered north to recuperate.

DR. E. A. CRULL of Fort Wayne, with commission of captain in the Medical Reserve Corps, left the middle of November for New Haven, Conn., where he is connected with U. S. General Hospital No. 16, doing special work in tuberculosis.

DURING November the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

National Pathological Laboratories: Rabies Vaccine (Harris).

Schering and Glatz: Creosote Carbonate, S. and G.; Guaiacol Carbonate, S. and G.

DR. FRANK B. WYNN of Indianapolis has a very interesting article in the November (1918) number of *The Medical Pickwick* entitled, "The Terramas" (Lover of the Earth), describing a hike made by the club of this name, composed of attorney R. T. McFall, Dr. C. S. Woods, and Dr. Wynn, all of Indianapolis, through the Colorado mountains. The article is very well illustrated.

At a recent meeting of the Jay County Medical Society the following resolution was passed: "Resolved, that after Jan. 1, 1919, no member of the Jay County Medical Society shall attend, or answer calls for medical or surgical services for persons who have not by that date settled by cash or note all unpaid accounts of any or all physicians of said society then in military service and absent from his place of business."

THE Medical Review of Reviews has recently purchased the *Buffalo Medical Journal*, founded seventy-four years ago by Dr. Austin Flint, which makes the third publication purchased by the *Review* in the past few years. Beginning with January, 1919, when the merging is to take place, the *Medical Review of Reviews* announces that their periodical will be greatly increased in size, but that the subscription price is to remain the same.

SURGEON-GENERAL IRELAND spent a couple of days with his mother and sister at Columbia City the first of December. While there he was the guest of the Whitley County Medical Society at a special gathering. Surgeon-General Ireland addressed the meeting and made the statement that on Nov. 18, 1918, there were 192,000 American soldiers in hospitals in France. He also stated that he is strongly in favor of universal military training in the United States.

THE Twenty-Third Annual Meeting of the St. Joseph County Medical Society was held November 22, with the following program: "Newer Laboratory Tests for the General Practitioner," by Dr. J. J. Moore, professor of pathology, University of Illinois; "Exophthalmic Goiter," Dr. Thomas Eastman, Indianapolis; "Surgery of the Prostate Gland," Dr. Gustav Kolischer, Chicago; "Some Neurologic Phases Pertaining to Railroad Surgery," Dr. Harold Moyer, Chicago.

DR. W. F. CLEVENGER of Indianapolis, who has been on duty in the ear, nose and throat hospital of the Red Cross in Paris since last June, has returned home. He has had some very interesting and thrilling experiences, especially in connection with the bombardment of Paris with the long range guns of the Germans and the air raids. At the celebration of the signing of the armistice Dr. Clevenger met Dr. F. F. Hutchins (also of Indianapolis) in Paris and they spent the day together.

IN every county in Indiana where a vote was recently taken on a county tuberculosis sanatorium, the measure carried by a large majority, and Lake County five to one. As a result of the election the state will be richer by sanatoriums in Howard, Grant, Vigo, DeKalb and Lake Counties. Plans are already being drawn for these institutions, and erection will be begun at the earliest possible date. It is reported that, in addition to these, Wayne and Madison Counties are planning tuberculosis sanatoriums to be erected within a very few months.

ONE hundred and thirty students of the Indiana University School of Medicine, members of the S. A. T. C., are quartered at the Morton Hotel, Indianapolis, and are being fed at the Y. M. C. A. Building. The students drill an hour and a half each morning and have supervised study at night. So far they have not received their uniforms, but, according to latest reports, they will be fully equipped some time during the next month. As soon as the equipment arrives the unit will be demobilized, but they will have the privilege of wearing their uniforms for three months.

THE Martin County Medical Society held their annual meeting at Loogootee, November 13, and elected officers for the ensuing year. They are as follows: President, E. E. Long, Shoals; vice-president, J. C. Trueblood, Loo-

gootee; secretary-treasurer, J. F. Michaels, Loogootee; delegate to state association meeting, G. M. Robinson, Loogootee; alternate, G. M. Freeman, Shoals; censors, H. W. Shirley, Shoals; J. W. Strange, Loogootee and T. A. Hays, Burns City. An order was adopted making dues to the association delinquent after December 1.

THE Red Cross will not sell Christmas seals this year, but instead will conduct a Red Cross Christmas Roll Call, December 16 to 23, with the object a "Universal Membership." The aim and underlying purpose of this campaign is to recruit under the banner of the Red Cross every loyal American, no matter where he or she may live. Tuberculosis workers have assumed the obligation of assisting in making this campaign a splendid success, and an agreement has been reached whereby, for the ensuing year, the Red Cross will provide funds for tuberculosis work which hitherto has been derived from the sale of Christmas seals.

IN his report to Secretary of War Baker concerning the enrollment in the Volunteer Medical Service Corps, Dr. Franklin H. Martin says: "The definite result shown by this survey which was only begun sixty days ago, is extremely gratifying, and the information that is not available in any other form should be of great value for war or peace. We can safely count on a total of 75,000 applications for membership in this corps, judging from the rate of enrollment at present. Add to this the 35,000 doctors that are in service and that are thoroughly classified, we have a record of the profession of the United States of inestimable value, of 110,000 of the estimated 130,000 legalized practitioners in the whole country. Especially is it interesting when it is realized that all members of the Volunteer Medical Service Corps have practically pledged themselves to serve their government in any medical work they may be asked to perform."

A LETTER from Lieut.-Col. E. D. Clark of Indianapolis, commanding Base Hospital No. 32 in France, describes the scene in the French town near the hospital when news that the armistice had been signed was received. "We received the official news shortly before noon, yesterday," he says. "We knew it before, but the official word came to the mayor of the town in a telegram, instructing him to ring the bells, illuminate all public buildings and fire a salute

of twenty-one guns. The public square was filled with American and French soldiers and villagers. When the mayor saw me he came with his arms open, threw them around me, and before I knew what he was doing he kissed me on both cheeks, to the great amusement of the men of No. 32. He is a splendid man, about 70 years old, has been mayor of the village thirty-five years and is greatly respected by the French people. We have become great friends. I have no idea what will be done with us now. We may be over here many months more or we may be sent home at once. This war game is wonderful. Up until eleven o'clock yesterday everything was going to the front. At twelve o'clock it was all going the other way." Colonel Clark said he already had closed two of the hospital buildings and expected to close another in a very short time.

ORDERS to officers of the Medical Reserve Corps, as pertains to Indiana doctors, during the month of November:

To Camp Shelby, Miss., base hospital, for instruction, Capt. H. G. FLEMING, Anderson.

To Fort Oglethorpe for instruction, Capt. W. B. PAGE, Goshen; Lieuts. F. G. GREEN, Bloomingdale; J. S. LEFFEL, Connorsville; J. A. GARRETTSON, Indianapolis; E. J. EMERT, Lawrenceburg; C. A. PAVY, Terre Haute.

To Fort Riley for instruction, Capt. C. W. YARRINGTON, Gary; G. A. PETERSDORF, Indianapolis; M. L. ARTHUR, Patoka; Lieuts. G. W. PIRTLE, Carlisle; B. G. DUPRE, Fort Wayne; A. M. KAN, Gary; E. F. STEINKAMP, Huntingburg; C. S. WISEMAN, Lakeville; H. G. LIND, Nineveh; J. H. GREEN, North Vernon; T. J. COLLINGS, Rockville; C. E. SAVERY, South Bend; W. A. BAGBY, Utica.

To New Haven, Conn., Capt. W. A. McBRIDE, Indianapolis.

To Camp Custer, Mich., Capt. H. W. SIGMUND, Crawfordsville.

To Camp Greene, N. C., to examine the command for nervous and mental diseases, Capt. H. D. PURDUM, Sykesville.

To Camp Zachary Taylor, Ky., Lieut. R. M. FUNKHOUSER, Evansville.

To Colonia, N. J., Capt. J. A. CRAIG, Gary; G. D. KIMBALL, Marion.

To Fort Oglethorpe for instruction, Capt. J. B. STALKER, Borden; L. C. BICE, Edinburgh; G. S. BEATY, French Lick; J. J. BOAZ, W. B. KITCHEN, O. C. NEIER, Indianapolis; J. E. BIRD, New Albany; Lieuts. E. D. HAVENS, Cicero; T. D. PETERS, Flora; J. P. CHRISTIE, F. W. MAYER, H. F. NOLTING, Indianapolis; E. C. CEKUL, La Otto; E. BARNUM, Manilla; G. V. CRING, Portland; O. T. BRAZELTON, Princeton; F. E. BASS, Shelbyville; D. E. MURRAY, Sheldon.

To Fort Riley for instruction, Capt. R. S. CHAPPELL, W. F. KELLY, Indianapolis; Lieuts. H. S. HIATT, Albion; S. M. COMPTON, Forest; A. H. HENDRICKS, W. H. LONG, Indianapolis; W. I. SCOTT, Kokomo; P. T. GRANT, Marengo; F. T. TYLER, New Albany.

To New Haven, Conn., Yale Army Laboratory School, for instruction, Lieut. R. E. COLE, Muncie.

To report to the commanding general, Central Department, Capt. W. G. HUFFMAN, Richmond; Lieut. J. F. DRAKE, Youngstown.

To Camp Beauregard, La., base hospital, for instruction, Capt. G. S. GREENE, Gary.

To Camp Custer, Mich., base hospital, Capt. E. H. KATTERHENRY, Indianapolis.

To Camp Dodge, Iowa, base hospital, Lieut. J. H. BULL, Indianapolis.

To Camp Pike, Ark., Lieut. J. R. CROWDER, Sullivan.

To Camp Shelby, Miss., Capt. L. M. GENTLE, Richmond.

To Camp Zachary Taylor, Ky., Lieut. C. W. COREY, Hartford City. Base hospital, Capt. H. K. LANGDON, Indianapolis.

To Colonia, N. J., Lieut. C. A. BALLARD, Logansport.

To Fort Oglethorpe for instruction, Capt. H. A. DUEMLING, Fort Wayne; B. A. BROWN, Indianapolis; J. W. BAXTER, C. E. BRISCOE, New Albany; W. L. OWEN, South Bend; C. L. BOYD, Vincennes; A. I. DONALDSON, Washington; Lieuts. E. CARTER, Brimhurst; C. R. GRAMHAM, Bryant; G. R. FINCH, Center Point; I. E. BOOHER, Connorsville; C. R. BASSLER, Elkhart; J. BENZ, Hardinsburg; T. O. MORRIS, Hobbs; J. W. CANADAY, G. W. KOHLSTAEDT, C. W. ROLLER, Indianapolis; A. A. REED, Jeffersville; F. S. CUTHBERT, Kingman; O. D. HUTTO, Kokomo; B. M. HUTCHINSON, Mishawaka; J. E. NIXON, Portland; J. W. RICKER, Terre Haute.

To Fort Riley for instruction, Lieuts. G. F. SMITH, Lawrenceburg; V. L. HODGES, St. Paul; N. A. BAKER, Valparaiso; S. C. WAGNER, Wakarusa.

To New Haven, Conn., Capt. E. A. CRULL, Fort Wayne; A. HENRY, Indianapolis. Yale Army Laboratory School, Lieut. J. E. ROGERS, Marion.

To report to the commanding general, Central Department, Lieut. B. F. CHAMBERS, Lyons.

To Army Medical School, Lieut. E. C. GARBER, Dunkirk.

To Camp Custer, Mich., Lieut. G. C. PRITCHETT, Muncie. Base hospital, for instruction, Capt. O. SMILEY, Indianapolis; F. H. JETT, Terre Haute.

To Camp Gordon, Ga., base hospital, for instruction, Lieut. D. T. MILLER, Terre Haute.

To Camp Grant, Ill., Lieut. J. W. CLUBB, Blanford.

To Camp Pike, Ark., Capt. J. R. CROWDER, Sullivan.

To Camp Shelby, Miss., base hospital, for instruction, Lieut. A. A. RANG, Washington.

To Camp Sherman, Ohio, base hospital, Capt. J. D. MILLER, Indianapolis. To examine the command for nervous and mental diseases, Capt. O. EVERMAN, Indianapolis.

To Camp Zachary Taylor, Ky., Lieut. H. L. BASS, Elberfield.

To Fort Benjamin Harrison, Lieut. J. H. WRORK, Shelburn.

To Fort Oglethorpe for instruction, Capt. M. T. McCARTY, Frankfort; J. M. BOYER, Indianapolis; J. H. COOK, K. F. WILLIEN, Terre Haute; Lieuts. W. A. SAMUELL, Butler; H. E. GLOCK, Fort Wayne; F. W. DUNN, Gaston; D. W. WEAVER, Greensburg; E. W. BURRIS, Indianapolis; W. C. MATHEWS, Kentland; C. H. PERRY, Lewis Creek; W. C. SHERWOOD, Mitchell; G. G. WIMMER, Mount Etna; J. A. TURNER, Nashville; W. A. JOHNSON, Perrysville; W. F. PAYNE, Prairie Creek; A. P. RAINER, Remington; H. O. SEIPEL, Valparaiso; C. E. STEWART, Vincennes.

To Fort Riley for instruction, Lieut. C. S. BAKER, Evansville.

To New Haven, Conn., Capt. H. F. MITCHELL, South Berd.

CORRESPONDENCE

CANCELLATION OF APPEAL FOR THE COLLECTION OF SCRAP PLATINUM

Nov. 13, 1918.

To the Editor:—1. The Platinum Section and the Section of Medical Industry, War Industries Board, desire to express appreciation of the hearty response made by physicians, dentists and others when the call for scrap platinum was made.

2. As the governmental demand for platinum in the making of explosives, etc., has been tremendously decreased by the curtailed war program, it is requested that no further scrap platinum be tendered to the government through the channels indicated in our communication of Sept. 17, 1918.

C. H. CONNER,
Chief of Platinum Section.

F. F. SIMPSON,
Lieutenant-Colonel, M. C., U. S. A., Chief of
Section of Medical Industry.

SOCIETY PROCEEDINGS

DELAWARE-BLACKFORD

The regular meeting of the Delaware-Blackford Medical Society was held in Muncie Y. M. C. A. building, Friday evening, December 6, and was called to order at 8:30 by past president, I. N. Trent.

The following officers were elected for 1919: president, Chas. E. Miller; vice president, Benj. B. Morrow; secretary-treasurer, H. D. Fair.

Mrs. Ralph Hemingray, secretary of the local public health commission, was present and requested that a representative from our society be appointed to membership in the commission. The chairman appointed H. D. Fair.

Mrs. J. J. Hartley spoke for a few minutes in the interest of the Visiting Nurses Association, and asked that a few standing orders governing the actions of the visiting nurse, when calling on a new patient, be approved by our society. These "orders" were referred to W. W. Wadsworth for sanction, criticism, or revision.

W. S. Brandon of Daleville was elected to membership.

H. D. Fair made a few comments on the treatment of puerperal infections, saying: These infections are divided into three groups, septicemia, sapremia and those caused by gonococci. While pure gonorrheal puerperal infection is rare it is very important, for the woman who miscarries or aborts while she is harboring the gonococcus, is doomed. She is a candidate for either surgery or chronic invalidism and sometimes attains both. Dr. Fair here gave an example of each type.

The sequelae of infections are endometritis, salpingitis, salpingitis with exudate, pyosalpinx, diffuse suppuration in pelvis, cellulitis, acute diffuse peritonitis, and various metastases. No matter what the etiology, the end results are much the same. A sapremia seldom remains such for any great length of time. Saprogenic bacteria make it easy for streptococci and Col. Bac. to step in and complicate matters. When the condition becomes systemic we have a bacteremia which implies a mixed infection.

When there is offending substance in the uterus, either loose or attached, that keeps a woman bleeding day after day, it ought to be removed, sooner the better. In twenty years experience I know of no instance where I did any damage or complicated a convalescence by properly removing debris from a uterus.

Fowler's position is indicated in all cases where the cellulitis is not extensive enough to produce pressure symptoms when the patient is propped up in bed; when this symptom is present the head of the bed should be elevated six or more inches.

When a uterine douche is indicated, salt solution is preferable to any of the so-called antiseptic preparations, either strong or mild. For purposes of depletion short douches are useless.

After an infective process has gone on to suppuration, surgery is indicated, and time spent in delay is worse than wasted.

Any remedy that stimulates cell activity and antagonism to invading destructive organisms is indicated in the various types of puerperal infections. We have such a remedy in echinacea.

In infections of gonorrheal origin I have obtained satisfactory results from the use of mixed bacterins, particularly in chronic cases.

The subject was discussed by F. G. Jackson, W. W. Wadsworth, and O. E. Spurgeon.

The retiring president, O. E. Spurgeon, made a few timely remarks reviewing the present medical situation; citing the many advantages of society membership; commending the society on its good work in the past, and urging renewed and additional ambitions for the future.

The annual banquet which was to be held December 13 was postponed till a later date because of the influenza epidemic and the extreme difficulty encountered by the members in getting away, even for a few hours, from their work.

Adjourned.

H. D. FAIR, Secretary.

THE TRUTH ABOUT MEDICINES

NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

LUTEIN TABLETS—H. W. AND D., 2 GRAINS.—Each tablet contains 2 grains of lutein (the fully developed corpora lutea of the hog, dried and powdered). Hynson, Westcott and Dunning, Baltimore, Md. (*Jour. A. M. A.*, Nov. 2, 1918, p. 1485).

RABIES VACCINE (HARRIS).—An antirabic vaccine standardized by the method of Dr. Harris and stored in vacuo. Each package contains vaccine and apparatus for the administration of one complete treatment. One dose is given daily for ten days or more. National Pathological Laboratories, Chicago (*Jour. A. M. A.*, Nov. 30, 1918, p. 1825).

PROPAGANDA FOR REFORM

PENEGUENTS.—Indiana physicians have been visited by the representative of the American Ointment Company who distributes samples and discourses on "Peneguents." He admits that his preparations have not been accepted by the Council on Pharmacy and Chemistry, but attempts to offset this by a report of the National Research Council which he hands out with other "literature." A glance at the Ointment Company's "literature" makes it clear that its preparations could not be admitted to New and Nonofficial Remedies. The report of the Research Council does not pretend to pass on the therapeutic usefulness of the preparations, but apparently was made to check the statements made in regard to their composition. It brings out that the composition of the ointment base is not divulged by the manufacturer, and that "Peneguent Chlor-Iodine," claimed to contain "Iodine Resub. 5%," contains but 0.37 per cent. free iodine, the remaining iodine having combined with the ointment base. Since the complex and semisecret character of their formulas and the unwarranted claims should have been sufficient to preclude the use of these proprietaries by the U. S. Army, it is difficult to understand why the examination was made (*Jour. Ind. State Med. Assn.*, Oct. 15, 1918, p. 374).

Elixir of Enzymes

is a palatable aid to digestion; an agreeable vehicle for iodids, bromids, salicylates, etc., and supplies the curdling ferment for making junket.

Pituitary Liquid (Armour)

(*Liq. Hypophysis*)

is physiologically standardized and is entirely free from chemical preservatives. $\frac{1}{2}$ cc and 1cc ampoules, 6 in box.

**Extract of Red Bone Marrow**

is a great reconstructive and will be found of value to patients convalescing from Influenza and other troubles.

Armour's Surgical Catgut Ligatures

are the finest thing of the kind on the market; they are strong, smooth and sterile. Plain and 10, 20, 30 and 40 day Chromic, sizes Nos. 000 to 4, inclusive. At present, 60 inch lengths only.

ARMOUR AND COMPANY
CHICAGO

DIGESTIVE ABSURDITIES.—Scientific investigations have demonstrated beyond any doubt the irrationality of the combinations of digestive ferments which go to make up the various brands of aromatic digestive tablets, and all chemists and manufacturing pharmacists are familiar with these facts. The excuse for manufacturing them is that there is a call for them. It is a question whether the physician who ignorantly prescribes aromatic digestive tablets is not more morally culpable than the pharmaceutical house that supplies what such physicians demand (*Jour. A. M. A.*, Nov. 2, 1918, p. 1489).

DEPENDABILITY OF DOSAGE IN TABLETS.—One of its products (Aromatic Digestive Tablets) having been reported deficient by the Connecticut Agricultural Experiment station, the Harvey Company, Saratoga Springs, N. Y., holds that it should not be criticized if its Aromatic Digestive Tablets are below the declared strength. It seems to hold the opinion that it does not matter whether or not these tablets contain the amount of ferments claimed on the label, since in any case these ferments would mutually destroy each other as soon as such a tablet came in contact with the digestive secretion. No excuse can be offered for those physicians who prescribe such absurdities as Aromatic Digestive Tablets, but neither is there any justification for a firm selling a product which it knows will not measure up to the claims made for it (*Jour. A. M. A.*, Nov. 2, 1918, p. 1510).

VALUE OF VACCINATION AGAINST INFLUENZA.—There is no conclusive evidence that the Pfeiffer bacillus plays any greater rôle, if as great, in the present

as we make them

—speaking now of our Aseptic Ampules:

- a) we thoroughly sterilize the glass ampule bulbs;
- b) we assay or otherwise standardize the drugs to be used;
- c) we make accurate neutral solutions and carefully sterilize them—and then—
- d) we fill these sterilized ampule bulbs with these sterilized solutions in an aseptic environment, seal the tube ends, label and pack in cartons of 6 or 12, each ampule being labeled so that the physician can carry our ampules singly if desired.

We spare neither effort, time nor money to make our Aseptic Ampules worthy of the confidence and preference of the most particular prescribers; in the truest sense of the term they are "Quality Products."

Sharp & Dohme

Since 1860 Careful Conscientious Chemists

epidemic than any other bacteria found in the respiratory tract in this disease. Also, the influenza bacillus is a very poor antigen. There is, in fact, nothing to show that definite antibodies against this bacillus develop in the course of influenza. Animal experiments show that it requires prolonged immunization before any response becomes apparent. Again, there is no record of controlled experiments on human beings with influenza vaccine. From this it is evident that vaccination against influenza is in a wholly experimental stage (*Jour. A. M. A.*, Nov. 9, 1918, p. 1583).

MORE MISBRANDED NOSTRUMS.—The following nostrums have been proceeded against under the Federal Food and Drugs Act: Baker's Tubercular Remedy, containing 11 per cent. alcohol by volume, sugars, potassium iodid, ammonium chlorid, glycerin, licorice, plant extractives, etc. Lee's Save the Baby Croup Specific, a liniment with a fatty oil base containing camphor, rosemary and thyme. Lee's Croup Mixture, containing over 70 per cent. of lard, about 7 per cent. alcohol, and over 18 per cent. volatile oils, consisting of a mixture of oils of rosemary and thyme and camphor. Twentieth Century, consisting of a powder and a solution, the latter, essentially a mixture of water, glycerin, lead and zinc sulphates, acetates, nitrates, and a small quantity of perfume. Moreau's Soothing Wine of Anise a syrup containing morphin acetate and alcohol, and flavored with anise. Professor C. E. Matthai's Victory, containing 49 per cent. alcohol, 1.2 grains of opium to the fluidounce, and 3.5 per cent. camphor and volatile oil, and small amounts of red pepper. Sensapersa, tablets containing asafetida, cannabis indica, and a drug containing a mydriatic alkaloid (*Jour. A. M. A.*, Nov. 9, 1918, p. 1601).

MORE MISBRANDED NOSTRUMS.—The following "patent medicines" have been declared misbranded under the U. S. Food and Drugs Act, and a "Notice of Judgment" giving an account of the prosecutions issued by the U. S. Department of Agriculture for each: Jacobs' Liver Salt, an effervescent preparation consisting largely of sodium phosphate, sodium sulphate, and sodium chlorid. Lydia Pinkham's Vegetable Compound, containing 17.9 per cent. alcohol, and 0.56 gm. of solids to each 100 c.c., with vegetable extractive material present. Maguire's Extract of Benne Plant and Catechu Compound, containing over 39 per cent. of alcohol and $\frac{1}{10}$ grain of morphin to each fluidounce, besides camphor, catechu and peppermint. Hood's Sarsaparilla, a mixture of alcohol and water, containing about 0.9 per cent. of potassium iodid with sugar, vegetable extractives, which give indications of the presence of sarsaparilla, licorice, and a laxative drug resembling senna. Booth's Hyomei Dri-Ayr, consisting essentially of oil of eucalyptus, together with a small amount of resin-like solids and a mineral oil and a little alcohol. Hill's Kidney Kaskara Tablets, an iron oxid, sugar-coated tablet carrying emodin, caffein, acid resin, magnesium carbonate and talcum. Hancock Sulphur Compound, a calcium sulphid solution. Hancock Sulphur Compound Ointment, a petrolatum ointment containing sulphur, ash (chiefly lime) and phenol. Palmer's Skin Whitener, containing ammoniated mercury, mixed with a fatty base. Grossman's Specific Mixture, a balsam copaiba mixture (*Jour. A. M. A.*, Nov. 16, 1918, p. 1681).

A SHORT SIGHTED DRUGGIST.—A correspondent writes: "I went to a nearby drug store and asked for 25 cents' worth of Liquor Antisepticus Alkalinus; I got one ounce! The druggist charged me 15 cents an ounce, and 10 cents for the container. Next time

I fear I shall be forced to get Glycothymoline!" To penalize a man who calls for an official product so as to drive him to ask for a "patent medicine" of the same general character is both poor pharmacy and bad business (*Jour. A. M. A.*, Nov. 23, 1918, p. 1745).

KENNEDY'S TONIC PORT.—Kennedy's Tonic Port was booze sold as "patent medicine." Its conflict with the law came when a bottle of the preparation was sold at a Regina drug store in November, 1917, in that the sale of alcoholic beverages is prohibited in Saskatchewan. The Saskatchewan authorities proceeded against this concern, and the drug store proprietors were convicted and fined. They appealed the case, but the judge before whom the appeal was heard decided against the concern and increased the fine. Booze is booze in Saskatchewan (*Jour. A. M. A.*, Nov. 23, 1918, p. 1763).

COMPOUND SOLUTION OF CRESOL.—In an eastern institution where members of the U. S. hospital corps are being instructed, a bottle containing Liquor Cresolis Compositus is labeled "Lysol" so that doctors may recognize it. Comment is superfluous (*Jour. A. M. A.*, Nov. 30, 1918, p. 1830).

AUTOLYSIN AND BEER.—Henry Smith Williams, who exploits "Proteal Therapy," also runs a publishing concern, the Goodhue Company, and has associated with him his brother, Edward Huntington Williams. Some time ago, complimentary copies of a book, "Alcohol, Hygiene and Legislation," written by Edward Huntington Williams, and published by the Goodhue Company, were sent broadcast to physicians with the compliments of author and publisher. The book championed the lighter alcoholic beverages and questioned the value of prohibition. Enclosed with the book was an advertising leaflet on the "Autolysin" cancer cure and a letter calling attention to a book by Henry Smith Williams on the Autolysin Treatment of Cancer. Now the secretary of the United States Brewers' Association has testified before a Senate Committee, according to newspaper reports, that a "Dr. Edward H. Williams" was employed to write articles "relating to the brewers' trade." Is the Dr. Edward Huntington Williams who wrote "Alcohol, Hygiene and Legislation" the "Dr. Edward H. Williams" who was employed by the brewers to write propaganda favorable to the brewing interests? Was the cloth-bound book, "Alcohol, Hygiene and Legislation," paid for, wholly or in part, by the United States Brewers' Association (*Jour. A. M. A.*, Nov. 30, 1918, p. 1846)?

SPENCER'S CHLORAMINE PASTILLES.—The term "chloramin" is applied to a class of chemical compounds that contain the group: NCl. The chloramin derivative sodium paratoluenesulphochloramid has been called chloramin-T, "chloramin" indicating the characteristic NCl group, and the "T" derivation from toluene. Sodium parabenzenesulphochloramid has been chloramin-B, the "B" indicating its origin from benzene. Before chloramin-T and the related products came into use in medicine, John Wyeth and Brother had registered the term "chloramine" as a trademark for a pharmaceutical preparation and applied it to a lozenge containing ammonium chlorid, "Spencer's Chloramine Pastilles," which in no sense is a chloramin. This misuse of a chemical term indicates the need of a revision of our trademark law which permitted the registration of this evidently misleading term (*Jour. A. M. A.*, Nov. 30, 1918, p. 1848).

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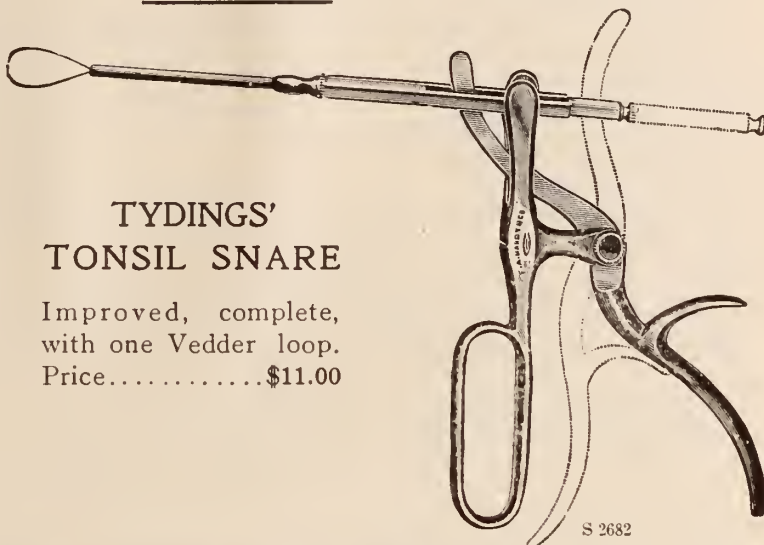
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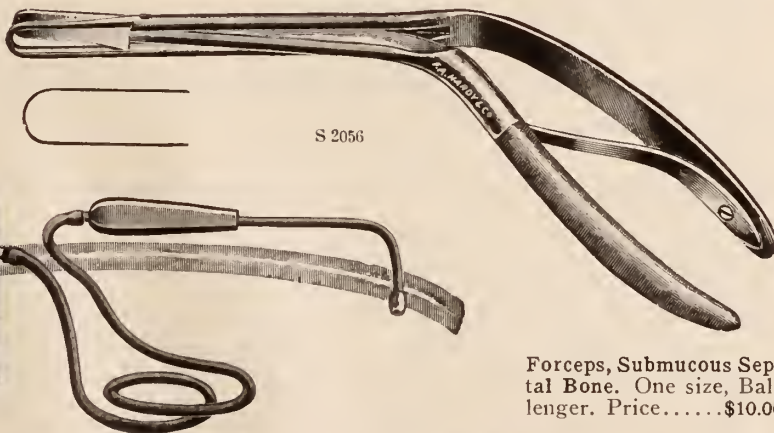
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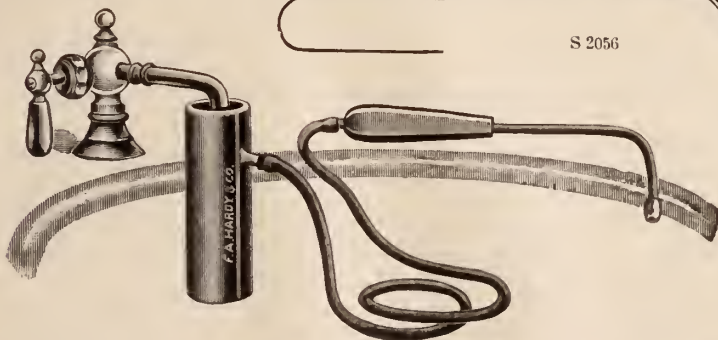
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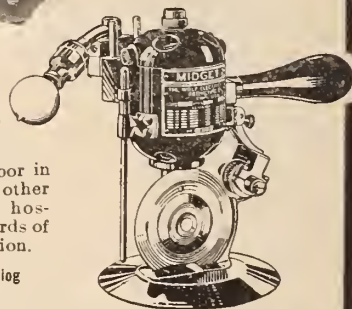
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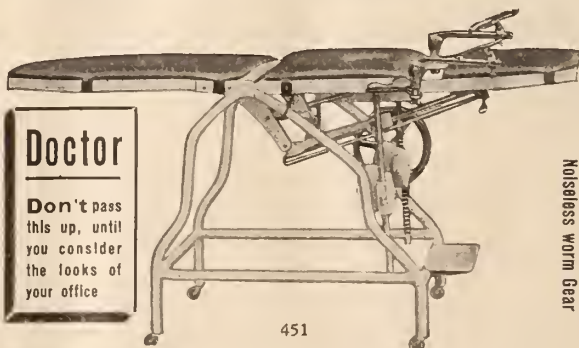
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